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THE In-Report

The Journal of The Institutes for the Achievement of Human Potential

THE In-Report 50th ANNIVERSARY ISSUE

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Imagine What Your Child Can Be

INSIGHT:
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GRADUATION TO LIFE:
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AND MORE!

Oratory Mural by Richard Rappaport

Editorial Policy

In a highly important but narrow sense, **The In-Report** is written for an exceedingly small group of people (the parents of a few hundred children who are on the program of The Institutes for the Achievement of Human Potential®) by an even smaller group (a couple of dozen staff members of The Institutes®).

There has always existed an extremely tight bond between the parents of the children who are on the program of The Institutes and the staff. This close bond is of inestimable value to the children, the parents, and the staff. Since both the parents and the staff have always recognized the value of the bond, every effort has always been made to continue to strengthen that highly valued relationship.

The In-Report began in the year 1973 as one more worthwhile means of increasing the mutual confidence, knowledge, and pleasure that exists between the children, the parents, and the staff.

The In-Report serves to give parents and children a more intimate knowledge of the staff by publishing a brief biography of one staff member in each issue in the section called *Insight*.

The In-Report serves to keep parents abreast of the books and articles constantly being written by the staff and their many respected friends in the field of human development, as well as those that have been written previously. As new things are written they will be reviewed and reported.

Most important of all and the primary reason for the publication of **The In-Report** is to keep parents informed of precisely what is happening to the children on the program both from their own group and from other groups; in short, to keep them aware of precisely what victories are being accomplished by the kids. That section, reporting on victories, the heart of **The In-Report**, is called, appropriately enough, *Victories*. To the parents of children being seen at The Institutes, it is obviously of prime importance.

These victories are, to the knowledge of the editorial staff, the *only* figures being published in the world on what actually happened to a group of children under treatment.

If other groups are publishing the figures of what is happening to a group of children under treatment, the editor would be delighted to know about it so that those figures could be published here also to provide a standard of comparison.

In a larger sense **The In-Report** is of vital importance to many millions of children the world over and to their parents, for **The In-Report** and The Institutes from which this report originates are a vitally important microcosm of the entire world.

For every child that The Institutes elects to accept, there are ten thousand like children that The Institutes cannot see and still maintain the extraordinary quality of relationship that exists with the children being seen.

The Institutes and the victories the parents and their children are achieving do not represent the way things *are* in the world (except for a tiny group of a few hundred children being seen by The Institutes in the United States and by The Institutes in Brazil), but they do represent the way things *might* be for millions of children the world over.

That makes **The In-Report** an extremely important little archive indeed, to virtually all people of all nations. It has no pretensions to being literature in any sense, but it is a unique archive in the finest sense.

Glenn Doman
Founder
The Institutes for the Achievement of Human Potential

THE In-Report
The Journal of The Institutes for the Achievement of Human Potential

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Cover photo by Daniel Buchler

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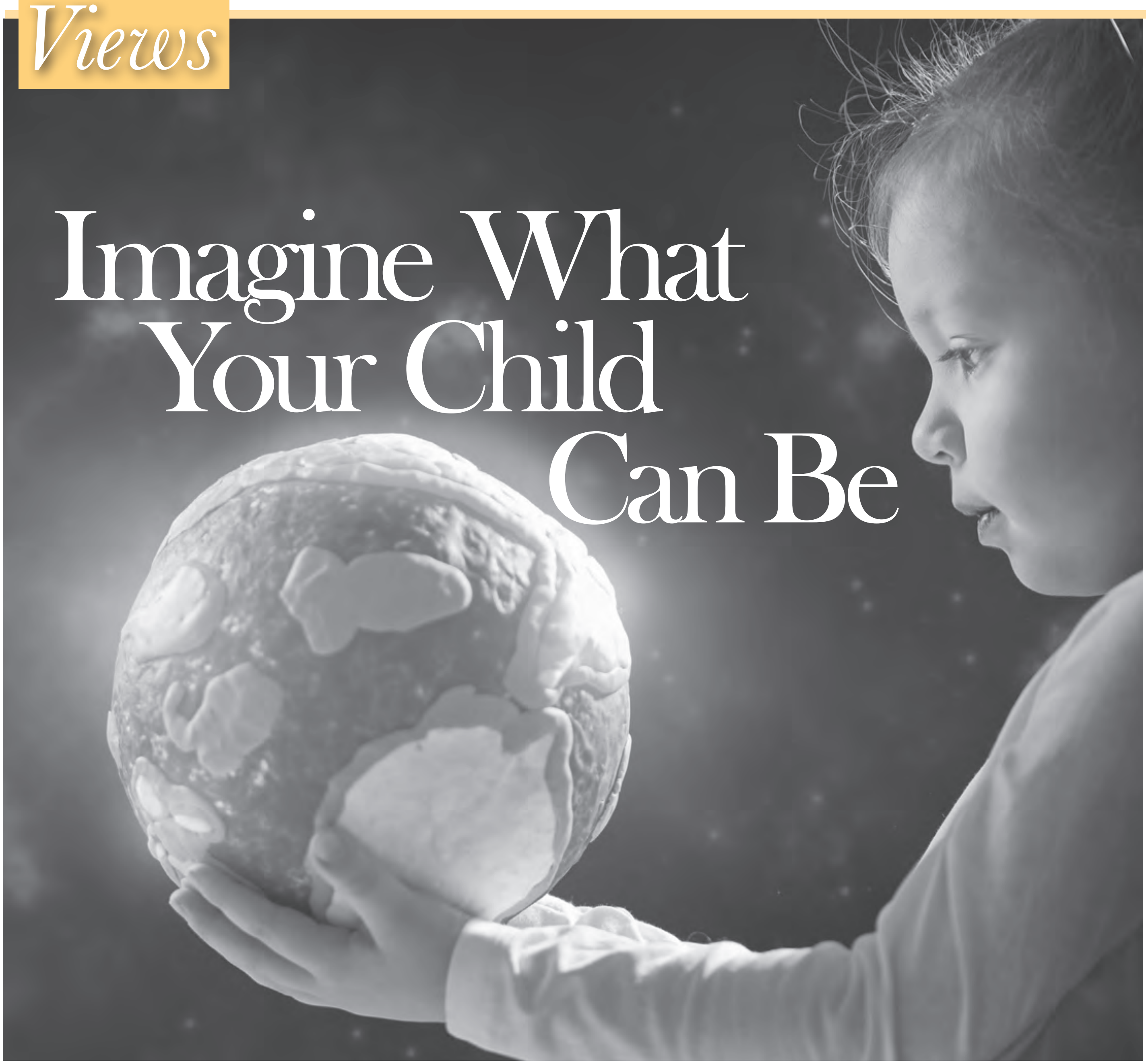
Views

Imagine What Your Child Can Be



I GUESS IT IS OBVIOUS THAT WE EACH HAVE A different view of the world. It is certainly clear to me that no two human beings have exactly the same experiences, and as a result we each have our own unique viewpoint. Even so, it has taken me a long, long time to realize how powerful that viewpoint may be in changing the world for better or for worse.

For example, it has taken me quite a while to recognize that not everyone looks at a brain-injured child and sees the same child I see.

I was literally raised with brain-injured children from the time I was five years old. I simply do not remember a time in my life when I was not surrounded by hurt kids. I cannot remember what I thought when I first saw a profoundly brain-injured child, because I was a child myself.

The first inkling I had that not everyone saw hurt kids as I did was when the mother of modern nutrition, Adelle Davis, first arrived at The Institutes to help establish the very first nutritional program for our children.

As it happened, Adelle sat in with me as I met with a family and their brain-injured child. After several minutes she excused herself and left the room. When I finished I found her very shaken and tearful. Since Adelle was a very bright and very tough gal, I was astonished and taken aback. She told me she had never seen a severely brain-injured child in her life. She had no idea that a child could be so hurt, and she had found herself overwhelmed by the experience. It took her some time to be able to get past this initial shock and begin to see our kids with new eyes.

That experience made me wonder, When others look at brain-injured children what do they see?

After thinking about this for the last few decades, I have concluded that it is a very important question.

I realized that when I look at a brain-injured child I see a child who got brain-injured; I see a *well* child who happened to get injured. I suspect that when our parents look at their brain-injured child they also see a well child who happened to get hurt.

I have an equally strong suspicion that when most people look at a brain-injured child they see—a brain-injured child, period.

This is a very, very, very different viewpoint.

For every parent who fights his or her way into the Valentine Auditorium and attends the W*hat To Do About Your Brain-Injured Child* Course, there are twelve people who inquire but do not make it. I suspect that the most important reason that they do not make it is their viewpoint. I suspect that when they look at their brain-injured child they see a brain-injured child.

When parents first come to The Institutes, they are very excited to return home and tell their friends and relatives who have hurt kids that there is hope and help for their children. They are sometimes very frustrated because those same friends and relatives don't show much interest. These families (whom we never see) appear to love their children as much as our families do.

What is the difference?

I believe that when these parents look at their children they see *brain-injured* children. They define their children by their brain injury. Perhaps they wonder why our parents don't love their children enough to "accept them as they are."

We all have such relatives and friends, and we realize that our viewpoint and their viewpoint are so different that we cannot imagine what they must be thinking, and to be fair they can't imagine what *we* must be thinking. We all see with different eyes, and those eyes make all the difference.

Many years ago Dr. Raymond Dart—physician, anatomist, physical anthropologist extraordinaire, and discoverer of the "missing link" *Australopithecus africanus dartii*—was finishing off a press conference in honor of his seventy-fifth birthday. The last question was a philosophical one. He was asked, After a lifetime spent studying man and his origins, what was the most important thing he had learned.

Clearly he liked the question.

After a brief pause he said, "I guess the most important thing I have learned in my life is whatever man can imagine he can do."

He might also have added, "and what man cannot imagine he cannot do."

I look at brain-injured children with the eyes of a five-year-old. I see a well child that we need to get to work on and fix up. Our wonderful parents see that same well child, and they are willing to fight every day so that he can have his chance to shed his injury and be well.

If parents have a child who has been hurt from birth they must imagine their child as he could be, since factually they have never seen their child well. This picture of the well child that parents carry with them is very strong. It is essential, and it separates them from all other parents who cannot imagine a well child emerging from a hurt one.

When a child is well and gets brain-injured, one would think that the fact that he was well would provide everyone around him with a clear, strong image of his wellness and that this image would keep everyone fighting for his right to return to this state.

Surprisingly this is not the case.

Instead, there is a kind of well-intended conspiracy to convince parents of a traumatically injured child to change their viewpoint, to accept the death of their well child and welcome into their home a new child who is brain-injured and going to stay that way.

A while ago we saw a very beautiful young lady who had been injured in a car accident. She was paralyzed and speechless but she still had the same beautiful face that she had always had. We mentioned to her mother that we had no pictures of her before the accident and that we would like to have one for her chart.

After a brief attempt at controlling herself, mother broke down and cried. She said that she had had a house full of photographs of her beautiful daughter but that after the accident she was told that she must find every photograph of her child before the accident and destroy them all. She said it was the hardest thing she ever did in her life.

When she had collected all the photographs she put them in a box, but try as she might she could not bring herself to destroy them. "Those photographs are who my daughter really is!" she said. She had hidden the box where no one would find it.

We proposed that the very first thing she should do when she arrived home was to find that box, take out the photographs, and put them back where they belong.

How dare she imagine that her daughter might one day return to her former happy, well state when she should have been enjoying a good long bout of false despair?

Dart got it right: "Anything man can imagine he can do."

The first step is to imagine. ■

by Janet Doman, Editor
The IN-Report

Our Journey of Discovery

Preface to How To Teach Your Baby To Read

BEGINNING A PROJECT IN clinical research is like getting on a train with an unknown destination. It's full of mystery and excitement but beginning a project in clinical research is like getting on a train with an unknown destination. It's full of mystery and excitement but you never know whether you'll have a compartment or be going third class, whether the train has a diner or not, whether the trip will cost a dollar or all you've got, and, most of all, whether you are going to end up where you intended or in a foreign place you never dreamed of visiting.

When our team members got on this train at the various stations, we were hoping that our destination was better treatment for severely brain-injured children. None of us dreamed that if we achieved that goal, we would stay right on the train till we reached a place where brain-injured children might even be made superior to unhurt children.

The trip has thus far taken over a half-century. The accommodations were third class and the diner served mostly sandwiches, night after night, often at three in the morning. The tickets cost all we had, and while some of us did not live long enough to finish the trip, none of us would have missed it for anything else the world has to offer. It's been a fascinating trip.

The original passenger list included a brain surgeon, a physiatrist (an M.D. who specializes in physical medicine and rehabilitation), a physical therapist, a speech therapist, a psychologist, an educator, and a nurse. Now there are more than a hundred of us all told, with many additional kinds of specialists.

The little team was formed originally because each of us was individually charged with some phase of the treatment of severely brain-injured children—and each of us individually was failing.

If you are going to choose a creative field in which to work, it is difficult to pick one with more room for improvement than one in which failure has been one hundred percent and success is nonexistent.

When we began our work together, *we had never seen, or heard of, a single brain-injured child who had ever gotten well.*

We began by attacking the most basic problem that faced those who dealt with brain-injured children at that time. This problem was *identification.* There were three very different kinds of children with problems who were invariably mixed together as if they were the same: deficient children with brains that were qualitatively and quantitatively inferior, psychotic children with physically *normal* brains but unsound minds, and finally truly brain-injured children who had good brains but which had been physically hurt.

We were concerned only with the last type of children, who had suffered injuries to a brain that at conception was perfectly good.

When we had learned, after many years of work in the operating room and at the bedside, which children were truly brain-injured, we could then begin to attack the problem itself—the injured brain.

We discovered that it mattered very little (except from a research point of view) whether a child had incurred his injury prenatally, at the instant of birth, or postnatally. What really mattered was which part of his brain had been hurt, how much it had been hurt, and what might be done about it.

We discovered further that it mattered very little whether a child's good brain had been hurt as a result of his parents having an incompatible Rh factor, his mother having had an infectious disease such as German measles during the first three months of pregnancy, insufficient oxygen having reached his brain during the prenatal period, or because he had been born prematurely. The brain can also be hurt as a result of protracted labor, by the child's falling on his head at two months of age and suffering blood clots on his brain, by having a high temperature with encephalitis at three years of age, by being struck by an automobile at five years of age, or by any of a hundred other factors.

Again, while this was significant from the research point of view, the important thing was which part of the child's brain was hurt, how much it was hurt, and what we were going to do about it.

In those early days, the world that dealt with brain-injured children held the view that the problems of these children might be solved by treating the symptoms which existed in the ears, eyes, nose, mouth, chest, shoulders, elbows, wrist, fingers, hips, knees, ankles, and toes. A large portion of the world still believes this today.

Such an approach did not work then and could not possibly work.

Because of this total lack of success, we concluded that if we were to solve the multiple symptoms of the brain-injured child we would have to attack the source of the problem and approach the human brain itself.

While at first this seemed an impossible or at least monumental task, in the years that followed we, and others, found both surgical and nonsurgical methods of treating the brain itself.

We held the simple belief that to treat the symptoms of an illness or injury, and to expect the disease to disappear, was unmedical, unscientific, and irrational, and if all these reasons were not enough to make us abandon such an attack, then the simple fact remained that brain-injured children approached in such a manner never got well.

On the contrary, we felt that if we could attack the problem itself, the symptoms would disappear spontaneously to the exact extent of our success in dealing with the injury in the brain itself.

First we tackled the problem from a nonsurgical standpoint. In the years that followed, we became persuaded that if we could hope to succeed with the hurt brain itself, we would have to find ways to reproduce in some manner the neurological growth patterns of a well child. This meant understanding how a well child's brain begins, grows, and matures. We studied intently many hundreds of well newborn babies, infants, and children. We studied them very carefully.

As we learned what normal brain growth is and means, we began to find that the simple and long-known basic activities of well children, such as crawling and creeping, are of the greatest possible importance to the brain. We learned that if such activities are denied well children, because of cultural, environmental, or social factors, their potential is severely limited. The potential of brain-injured children is even more affected.

As we learned more about ways to reproduce this normal physical pattern of growing up, we began to see brain-injured children improve—ever so slightly.

It was at about this time that the neurosurgical components of our team began to prove conclusively that the answer lay in the brain itself, by developing successful surgical approaches to it.

In the meantime, the nonsurgical members of the team had acquired a great deal more knowledge of how such children grow and how their brains develop. As our knowledge of normality increased, our simple methods for reproducing that normality in brain-injured children kept pace. By now we were beginning to see a small number of brain-injured children reach wellness by the use of the simple nonsurgical methods of treatment that were steadily evolving and improving.

It is sufficient to say that extremely simple techniques were devised to reproduce, in brain-injured children, the patterns of normal development.

Soon we began to see severely brain-injured children whose performance rivaled that of children who had not suffered a brain injury.

As these techniques improved even more, we began to see brain-injured children emerge who could not only perform as well as average children but, indeed, who could not be distinguished from them.

As our understanding of neurological growth and normality began to assume a really clear pattern, and as methods for the recapitulation of normality multiplied, *we even began to see some brain-injured children who performed at above-average, or even superior, levels.*

It was exciting beyond measure. It was even a little bit frightening. It seemed clear that we had, at the very least, underestimated every child's potential.

This raised a fascinating question.

What was wrong with nice, average, unhurt Billy?

What was wrong with *well* children?

For years our work had been charged with the vibrancy that one feels prior to important events and great discoveries. Through the years the all-enveloping *fog* of mystery that surrounded our brain-injured children had gradually dispelled. We had also begun to see other facts for which we had not bargained. These were facts about well children. A logical connection had emerged between the brain-injured (and therefore neurologically disorganized) child and the well (and therefore neurologically organized) child, where earlier there were only disconnected and disassociated facts about well children. That logical sequence, as it emerged, had pointed insistently to a path by which we might markedly change man himself—and for the better. Was the neurological organization displayed by an average child necessarily the end of the path?

Now with brain-injured children performing as well as, or better than, average children, the possibility of the path extending farther could be fully seen.

It had always been assumed that neurological growth and its end product, ability, were a static and irrevocable fact: This child was capable and that child was not. This child was bright and that child was not.

Nothing could be further from the truth.

The fact is that neurological growth, which we had always considered a static and irrevocable fact, is a dynamic and ever-changing process.

In the severely brain-injured child we see the process of neurological growth totally *halted.*

In the "developmentally delayed" child we see this process of neurological growth considerably *slowed.*

In the average child it takes place at an *average* rate, and in the superior child, at *above-average* speed.

We had now come to realize that the brain-injured child, the average child, and the superior child are not three different kinds of children but instead represent a continuum ranging from the extreme neurological disorganization which severe brain injury creates, through the more moderate neurological disorganization caused by mild or moderate brain injury, through the average amount of neurological organization which the average child demonstrates, to the high degree of neurological organization which a superior child invariably demonstrates.

In the severely brain-injured child we had succeeded in restarting this process that had come to a halt, and in the "developmentally delayed" child we had accelerated it.

It was now clear that this process of neurological growth could be *speeded* as well as delayed.

Having repeatedly brought brain-injured children from neurological disorganization to neurological organization of an average or even superior level by employing the simple nonsurgical program that had been developed, there was every reason to believe that this same program could be used to increase the amount of neurological organization demonstrated by average children. Part of this program is to teach very young brain-injured children to read.

Nowhere is the ability to raise neurological organization more clearly demonstrated than when you teach a well baby to read. ■

by Glenn Doman, Founder
The Institutes for the Achievement
of Human Potential

An Interview with The Institutes Director Janet Doman

What are your early memories that shaped your viewpoint in life?

When I was three or four, I was playing with a friend and we saw a line of ants coming out from under the front step of my house. The friend starting to squash the ants as they came out. I was horrified and sent her away. The ants were alive and precious, they were hurting no one. When I was eight or nine, we had very young severely brain-injured children who were in-patients here. I spent a lot of time in the children's ward with our kids. The most hurt child I loved dearly. One morning I came in to greet him and he was gone. It was a shock I never really got over. When you are a kid, you think, "Kids don't die," but he did. It was unfair; he had a right to a real life. I think that day changed me.

Janet (far left), with her parents and grandparents, visits The Institutes campus for the first time.

What book did you read as a child that influenced you?

I loved *Paddle-to-the-Sea.* I still do. It is the tale of a hand-carved figure in a canoe that the creator places in a creek with the hope that the little canoe will make it all the way to the ocean. It is beautiful and inspiring.

What was it like growing up at The Institutes?

It was the perfect childhood for me. We moved to this campus when I was seven years old. At that time, my father and Dr. Temple Fay founded The Rehabilitation Center at Philadelphia. We had 60-, 70- and 80-year-old adult stroke patients and patients with traumatic brain injuries. They were all in-patients.

My parents literally worked around the clock, but I was just at the age where I wanted to explore and be independent. I had a beautiful campus with woods and incredible buildings to explore and a full greenhouse and kitchen garden. We explored every foot of the woods behind us. The Battle of Germantown was fought right here. We found Revolutionary War shotgun pellets, we uncovered a buried smokehouse that was more than 200 years old, and we played in the Yeakle cemetery hidden in the woods and long forgotten.

I loved the trees and the flowers and the scrubs. I still do. I figured out how to plant seeds in the greenhouse and transplant them to the garden. Years later, when the Valentine Auditorium was about to be built, the engineers arrived to excavate the land for the building and the parking lot. It was the site of the kitchen garden and perennial flower beds planted there in 1910 by Jay Cook. I stood alone with my pitchfork and blocked the tractors. My father was called. I did not backdown. I had history on my side and my father knew it. He promised that some of the lilacs, iris, lilies, peonies, and other flowers and scrubs would be transplanted so they would not be lost. He was true to his word and those plants and flowers still bloom on our campus today. He was not able to save the asparagus. I still look at the parking lot with some resentment every spring and remember the hundreds of asparagus I used to pick there.

Since your parents worked around the clock, how did that affect your life?

It affected my life profoundly. My father made a simple but critical decision. He wanted us to be with him but he worked all the time, so he made the rule that we could be with him at any time—when he saw patients, when he met with staff, and later when he began doing lectures regularly. The rule was we could come and go, even in the lectures, if we did so without interrupting in any way. My older brother had little interest in what was going on and my baby brother was a baby. I was the lucky one who was the perfect age to take advantage of the opportunity.

When did you begin to work as a staff member?

When I arrived home from school I would find out where my father was and sit in with him no matter what he was doing. It was always interesting. I loved being with adults and listening to what they were saying. Our children were so hurt, and I loved being with them and watching them get better. It was not long before sometimes they would ask me to help. I got patterned a lot (to teach patterning)! Then I became a patterner myself—that was my proudest moment. I always say that is when I became a staff member; I was probably eight or nine years old. I especially loved sitting in my father's lectures. Some lectures I heard over and over again. Today I do those lectures. It is an honor, and it touches me deeply to have the privilege to do so.

Janet learned from her father every step of the way.

How would you characterize your relationship with you father?

My father was the perfect father for me. He was always warm and kind and full of enthusiasm. He could get angry when provoked, but never at us. In my whole life I had very few disagreements with my father. This was simply because we naturally agreed on almost everything. I think I was the perfect daughter for my father. I was always looking after him and trying to guess what he needed and wanted so I could get it.

He was so generous. He could have kept all the glory of working with our children and their parents for himself, but he never did. He always made sure there was enough glory for everyone—even for me, a youngster. That made me very happy, and it still makes me happy today. I am so grateful that he was my father and I got to be taught by him.

What was your vision when you assumed the role of director?

At that time, I was thirty years old and the vice director, which was already a huge job for me and one I loved. Being the director was another thing all together. I had a vision for The Evan Thomas Institute, which started in 1975, and later for The International School in 1980, but The Institutes was my father's vision. My job, as I viewed it, was to keep his vision there and strong. For forty years the staff and I have worked to do so, and I believe we have done a very good job.

What have been the most important discoveries of The Institutes, and can you name the single most important discovery?

Single most important: Brain growth is a dynamic and ever-changing process that can be stopped, slowed, and most importantly speeded.

Creation of The Institutes Developmental Profile: There is no science without measurement. The Profile has moved the world of hurt kids out of the Dark Ages and into the Age of Light.

Parents are the best therapists and the best teachers for their children.

Learning is an inverse function of age.

Little children can learn anything that can be presented in an honest, factual, and joyous way.

Who are the people who have influenced you, and thus the course of The Institutes?

Dr. Temple Fay: He provided profound insights into the brain. These insights created the foundation for the field of child brain development. I was very young when Fay was here, but I knew very well this was one of the most important people on earth for our patients, and I was right!

Katie Doman: The Institutes, as we know it, would never have existed without the Herculean effort of my mother, especially in the very early days when she was the head nurse and responsible for the care and well-being of every patient who lived here. Later she had to take the idea of teaching a child to read early and create a practical program that worked. She then taught hundreds of mothers of brain-injured children to do that program. She was my first teacher in this area and her common sense and no-nonsense approach were the keys to success. She adored my father and she cared for him every minute of every day. This was not always an easy job, but she made it look easy.

Dr. Raymundo Veras: As my father's chosen brother, Dr. Veras provided wisdom and a unique perspective that influenced and guided my father's decisions. He took the work of The Institutes to South America and introduced us to the incredible people of the Xingu and the incomparable Claudio Villas Boas.

Dr. Wilton Krogman: Dr. Krogman was the god of physical measurement in physical anthropology. Brain-injured children had never been measured and I was chosen to learn from him. He was a great teacher. Every child at The Institutes is carefully measured at every visit. This data constitutes a unique database going back a half-century now and is part of the evidence that the brain grows by use.

Adelle Davis: Recognized as the mother of modern nutrition in the United States, she completely changed our approach to nutrition and saved children's lives as a result. I had the privilege to study under her.

With Dr. Roselise Wilkinson in the Xingu.

Dr. Roselise Wilkinson: She was a pediatrician and our medical director for a quarter of a century. It fell to Rosie to create a protocol to reduce and eliminate medications that could be harmful to the central nervous system and to do so at a time when the conventional thinking was that these were "miracle drugs." Her protocol still stands today, and thousands of children owe their lives to her.

Shinichi Suzuki: His own work in early development strengthened our work, and his philosophy and program aligned with ours 100%. I was sent to Japan in 1974 to teach at Yoji Kaihatsu, his school in Tokyo.

Dr. Raymond Dart: Arguably the greatest physical anthropologist of the last century, his knowledge of anatomy, medicine, and anthropology gave him a unique point of view. His insights changed the way we looked at our children and inspired us to do new things.

Dr. Evan Thomas: He was one of the greatest public health physicians in the last century and the very first conscientious objector to the First World War. Evan found us later in his life, but his energy and intelligence were phenomenal. He was the least arrogant physician on earth. Everyone loved him without exception. He was the most civilized person in the world. He wrote the book *Neurological Organization,* which describes our world for other physicians. The Evan Thomas Institute is, of course, named in honor of him.

Dr. Edward LeWinn: An outstanding internist, he joined us at time when his fellows would be retiring. His interest in rigorous research on our behalf was incredibly important. Decades before the internet, when to do a review of the literature on a particular subject would take months, not minutes, he did this work.

William Johntz: Bill was the founder of Project SEED and one of the greatest teachers of all time. Five minutes in his classroom was worth a lifetime in anyone else's. His work had a profound influence on our teaching from the moment he came into our lives.

Dr. Ralph Pelligra: As chief medical officer of NASA-Ames Research Center, he, like Raymundo Veras, has brought a unique perspective and knowledge to our work. Not to be underestimated, his close friendship with my father was a source of joy to Glenn.

Dr. Mihai Dimancescu: A highly experienced neurosurgeon, he has been part of our clinical team for more than three decades. His deep knowledge of the brain and of brain pathology has guided our decisions and protected the lives of our children.

Dr. George Goodheart and his team: Jerry Morantz, Wally Schmidt, Michael Gorman, and Carl Weiss. These are extraordinary chiropractors who for forty years have been down in the trenches with us, finding better ways to help our most profoundly injured children.

Dr. Li Wang: Nurse, physical therapist, and physician, she has helped to take the original program of Adelle Davis and move it into the 21st century. I have worked side-by-side with her for many years. She is a tireless student, always finding new and better ways to help our children and a bulldog at solving problems. Her persistence and determination have been a constant source of inspiration for me and for the staff.

Our parents and children have had the most profound influence on our work. They are on the front line, since they do the program day in and day out. They are seeing first-hand what works and what does not. Each child is unique. Our intelligence program requires a program designed just for that child. Our mothers have had to be highly creative and very flexible. They need to search and discover what works for their child.

Every Monday morning these solutions come through the door of our clinic, and we learn yet another way to create an even better program. Once our children are able to communicate with us either through writing or speech, they can be incredibly helpful in giving us insights into their condition and into possible treatment solutions. Their intelligence, their determination, and their sense of humor keep us all going through thick and thin.

The Staff of The Institutes spans more than seven decades.

Most of our staff have spent their entire lives here and they have used those lives searching and discovering better and faster ways to help our children get well. My father was adamant, and I am as well, that the work of this amazing group of people be recognized as an extraordinary team of innovators and problem solvers that is unique in the world. Yes, my father was the founder and established the ground rules and the principles of a new field, child brain development, but the staff have fully understood those rules and principles and have used them to expand and improve our program every day.

If Dr. Fay and my father walked into our clinic today, they would be astonished to find a program that follows their teaching perfectly but that is bigger, bolder, and, what is most important, more effective than the program they knew. This is why my father so strongly disliked the use of our name as shorthand for our work. He understood that to make our entire history the work of one man, Glenn Doman or Glenn and Janet Doman, was fundamentally wrong.

What was the hardest time in the history of The Institutes?

In the old days the dinosaurs walked the earth. They believed that hurt children were beyond mending. They made their living medicating and warehousing the most vulnerable children on earth. Some still do, but happily most are now dead and gone. They gave us a bad time and made our work more difficult.

At The Institutes courses, Janet now delivers some of her father's lectures.

What is the best time in the history of The Institutes?

We get to have the "best time" every week when we have a blind kid see, or a deaf kid hear, or a paralyzed kid crawl, or a kid who was considered hopeless graduate and go to the top of his class. We are the luckiest people in the world, and we are smart enough to know it!

This is the 50th year of The IN-REPORT. What do you think will be its lasting contribution?

What started as a little journal that we thought we would publish for a year or two has become the carefully recorded history of The Institutes for the Achievement of Human Potential for half a century. What a miracle is that? It is unique in this world. It has brought great joy to the thousands of parents whose children's victories have been chronicled there. It has brought inspiration to parents who wanted to learn more, and it has been life-changing for those parents who have been inspired to roll up their sleeves and get started doing a program to save their children.

What do you think will be the lasting contribution of The Institutes?

The Institutes Developmental Profile
The Institutes Treatment Protocol
The *What To Do About Your Brain-Injured Child* Course
  Our proudest single creation
The *How To Multiply Your Baby's Intelligence* Course
  Brilliant and world-changing
The *Newborn Course*
  In eight short hours parents can learn how to alter the course of their child's life
The Early Development Program
Our books in The Gentle Revolution Series
  Our teaching materials: Newborn, Reading, Math, Encyclopedic Knowledge, Physical Excellence

Raymond Dart said that anything you can imagine you can do. What is your future view of The Institutes?

The Institutes will successfully change the treatment of the brain-injured child from essentially palliative care and medication to the vibrant and successful neurological treatment program.

We envision a world in which every baby is born into a baby-friendly environment, where the first year of life is entirely devoted to stimulation and opportunity, and where either mother or father are with the baby providing all the love and attention the baby needs.

The work of The Institutes will provide parents everywhere with the courage and confidence to teach their child at home for as long as possible.

The Institutes will provide the inspiration needed to teach every mother on earth that her baby can read, and that she will use that information to teach her baby to read.

For what would you like to be remembered?

If we accomplish our mission, I do not really worry about being remembered. It does not seem to me to be very important. I will be very proud to be remembered as a staff member of The Institutes. ■

by Janet Gauger, Editor
The IN-REPORT

JANUARY / DECEMBER 2022

Victories

THIS SECTION OF **THE IN-REPORT** records the Victories that have occurred since the last issue. These are not just plain victories, but Victories with a capital *V.* A child going from total incapacity at birth (because he is a newborn) or at a greater age (because he is brain-injured), goes through many stages and thousands of accomplishments before he reaches total performance or superiority. His Victories range from rolling over for the first time to graduating from college *magna cum laude.*

The Developmental Profile, which took seventy-five man-years to develop,

The Institutes® Developmental Profile

	PREDOMINANT BRAIN STAGE	TIME FRAME	VISUAL COMPETENCE	AUDITORY COMPETENCE	TACTILE COMPETENCE
VII	**SOPHISTICATED CORTEX**	**Superior 36 Mon.** **Average 72 Mon.** **Slow 144 Mon.**	**Reading with total understanding** *Sophisticated human understanding*	**Understanding of complete vocabulary and proper sentences** *Sophisticated human understanding*	**Tactile identification of objects** *Sophisticated human understanding*
VI	**PRIMITIVE CORTEX**	**Superior 18 Mon.** **Average 36 Mon.** **Slow 72 Mon.**	**Identification of visual symbols and letters within experience** *Primitive human understanding*	**Understanding of 2000 words and simple sentences** *Primitive human understanding*	**Ability to determine characteristics of objects by tactile means** *Primitive human understanding*
V	**EARLY CORTEX**	**Superior 9 Mon.** **Average 18 Mon.** **Slow 36 Mon.**	**Differentiation of similar but unlike simple visual symbols** *Early human understanding*	**Understanding of 10 to 25 words and two couplets** *Early human understanding*	**Tactile differentiation of similar but unlike objects** *Early human understanding*
IV	**INITIAL CORTEX**	**Superior 6 Mon.** **Average 12 Mon.** **Slow 24 Mon.**	**Convergence of vision resulting in simple depth perception** *Initial human understanding*	**Understanding of two words of speech** *Initial human understanding*	**Tactile understanding of the third dimension in objects which appear to be flat** *Initial human understanding*
III	**MIDBRAIN and SUBCORTICAL AREAS**	**Superior 3.5 Mon.** **Average 7 Mon.** **Slow 14 Mon.**	**Appreciation of detail within a configuration** *Meaningful appreciation*	**Appreciation of meaningful sounds** *Meaningful appreciation*	**Appreciation of gnostic sensation** *Meaningful appreciation*
II	**BRAIN STEM and EARLY SUBCORTICAL AREAS**	**Superior 1 Mon.** **Average 2.5 Mon.** **Slow 5 Mon.**	**Outline perception** *Vital perception*	**Vital response to threatening sounds** *Vital perception*	**Perception of vital sensation** *Vital perception*
I	**EARLY BRAIN STEM and CORD**	**Superior Birth to .5** **Average Birth to 1.0** **Slow Birth to 2.0**	**Light reflex** *Reflex reception*	**Startle reflex** *Reflex reception*	**Babinski reflex** *Reflex reception*

has as its purpose reducing the thousands of accomplishments that a child enjoys to those Victories that are actually causes rather than mere results of other functions. There are forty-two of them.

This report might factually record every one of these forty-two points of the Profile as a major Victory, and indeed they are. However, we have made a hard-nosed decision to record only those Victories that are obvious to all as being of monumental importance to a child's humanity.

We therefore resist all temptation to report on the thousands of important accomplishments our children achieve, all of which are carefully entered in their histories as historical fact. We report on Seeing, Hearing, Talking, Understanding, Crawling, Creeping, Walking, Running, Reading, and Writing. Academic accomplishments such as entering regular school, learning at a faster rate than average, and going up to above-average intelligence are all reported as they occur.

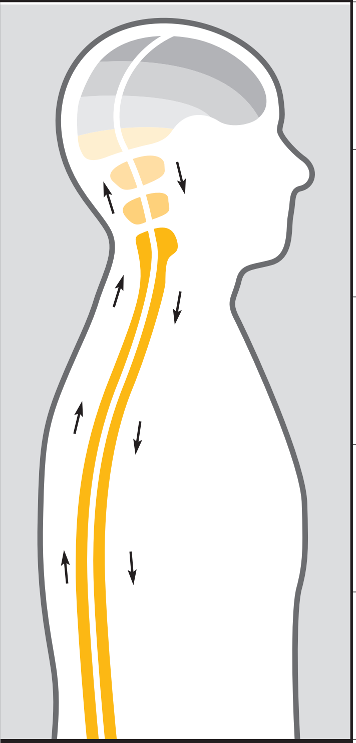
Many parents now begin on full intensive treatment programs of their own design after attending the *What To Do About Your Brain-Injured Child* Course. In many cases these parents bring about significant changes before The Institutes has yet had the opportunity to see their children.

When these changes are large enough to meet the full criteria for a Victory, it is vital to record them alongside those Victories achieved by children once they have been seen at The Institutes.

One asterisk (*) indicates those Victories that were achieved after parents attended the *What To Do About Your Brain-Injured* Child Course but before the child's initial visit here. Two asterisks (**) indicate those Victories that were achieved after parents read the book *What To Do About Your Brain-Injured Child* but before attending the course.

Our profound congratulations to the determined parents who brought about these Victories based only on the book or course. ■

GLENN DOMAN®
AND
THE STAFF
OF
THE INSTITUTES®



THE INSTITUTES FOR
THE ACHIEVEMENT OF
HUMAN POTENTIAL®

8801 STENTON AVENUE
WYNDMOOR, PENNSYLVANIA 19038

MOBILITY	LANGUAGE	MANUAL COMPETENCE
Using a leg in a skilled role which is consistent with the dominant hemisphere *Sophisticated human expression*	**Complete vocabulary and proper sentence structure** *Sophisticated human expression*	**Using a hand to write which is consistent with the dominant hemisphere** *Sophisticated human expression*
Walking and running in complete cross pattern *Primitive human expression*	**2000 words of language and short sentences** *Primitive human expression*	**Bimanual function with one hand in a skilled role** *Primitive human expression*
Walking with arms freed from the primary balance role *Early human expression*	**10 to 25 words of language and two couplets** *Early human expression*	**Cortical opposition bilaterally and simultaneously** *Early human expression*
Walking with arms used in a primary balance role most frequently at or above shoulder height *Initial human expression*	**Two words of speech used spontaneously and meaningfully** *Initial human expression*	**Cortical opposition in either hand** *Initial human expression*
Creeping on hands and knees culminating in cross-pattern creeping *Meaningful response*	**Creation of meaningful sounds** *Meaningful response*	**Prehensile grasp** *Meaningful response*
Crawling in the prone position culminating in cross-pattern crawling *Vital response*	**Vital crying in response to threats to life** *Vital response*	**Vital release** *Vital response*
Movement of arms and legs without bodily movement *Reflex response*	**Birth cry and crying** *Reflex response*	**Grasp reflex** *Reflex response*

What is A Victory?

The Institutes Developmental Profile encompasses the six areas of function that are critical to Man. These functions are divided into seven critical stages of development. Altogether there are forty-two functions that are vital to Man articulated on The Profile. These are the functions that are carefully evaluated and recorded at each visit, and it is the evaluation of these forty-two functions that yields the neurological age of the child and from which the overall growth rate of the child is determined.

Clearly, when any of these forty-two functions improves or a child actually gains a new function, this is cause for rejoicing. In effect, any upward change on The Profile is a victory for a brain-injured child. However, not all changes are of equal magnitude. Some improvements are more significant that others.

Fifty years ago, in 1973, when The IN-REPORT was first conceived, its entire purpose was to record the results of treatment of children on The Institutes Intensive Treatment Program. At that time there was no journal or publication of any kind reporting on the results of treatment of brain-injured children. Not only did we wish to record and publish our own results, but we wished to establish a place where others could do so as well. We then had to decide exactly what results we would record. After much consideration we established a criteria.

The first and most important criterion was to choose those functions on The Profile that were so important and so dramatic as to be life-changing. In short, we looked at The Profile and asked what are the functions that when a child achieves that function his ability to survive in life increases dramatically? What are the functions which when gained will mean that his style of life becomes higher and better?

As an example, if a child had been blind and he could now see, he would enjoy a whole new life entirely different from the one he had experienced before, and his actual chance of survival in the future will improve.

This was the first test a function had to pass to become a Victory.

Next we wanted to choose those functions that everyone would understand were important. The staff and The Institutes families understand very well that all neurological functions are important, but which functions were the ones that everyone in the world would immediately see as vital?

A change in the Babinski reflex is important, but most people would not understand the significance of such a change. Everyone understands that if a child was deaf and can now hear, that is important.

This was the second test a function had to pass to become a Victory.

Finally we looked at all the things that brain-injured children were never supposed to be able to do. The medical records of our children before their first visit to The Institutes were full of grim prognostications.

"He will never walk."

"She will never talk."

"He will never understand a word you say."

"She will never see your face."

"He will never read a word."

"She will never write."

"He will never creep."

"She will never be well."

"He will be on anticonvulsants for the rest of his life."

The litany went on and on and on. It still does.

What a dark crystal ball these sorry people must have.

Of course, we don't have a crystal ball. We can't see into the future. We do not know how an individual child will do. We cannot predict which child will do well and which child will not. We don't know who will graduate and who will fail.

I suppose if we did know, we could then accept only those children with whom we knew we would succeed and reject those children with whom we would fail. Then we would have stunning results, wouldn't we?

We would always win and we would never lose.

But if we were so clever as to know which children would win and which would lose, I hope we would never be so callous as to take only the potential winners and leave other hurt children out in the cold.

In fact, if we could only take one hurt child in the whole world we would take the most hurt child and we would fight and fight and fight until we fixed him, and when we did we would have the answers to all the other children who were not so hurt—wouldn't we?

Come to think of it, that is what we are doing right now, but we are privileged to do that with hundreds of children, not just one. Since we don't have a crystal ball (and we don't think anyone else has one either), we will just have to stick with results.

Results. How many blind kids can see, how many deaf kids can hear, how many immobile kids can crawl, creep, walk or run, how many kids can understand, how many kids can talk, how many kids can read, how many kids can write, how many kids are healthy, how many kids are detoxified, how many kids are ready to join their well peers.

How many?

The answers to those questions are the only answers that matter in the world of brain-injured children. That is what The IN-REPORT has been about for a half-century.

To celebrate the 50th anniversary of The IN-REPORT, it's important that we continue to focus on Victories and graduations, which show just how much these determined children and parents have achieved. We salute our amazing families and look forward to the many Victories that lay ahead of them and others in the years to come. ■

by Janet Doman, Editor
The IN-REPORT

The Institutes for the Achievement of Human Potential

MAJOR VICTORIES

Achieved by 3551 Brain-Injured Children • 1998-2022

Seeing

Of the **424** children who were blind, **355 (83%) saw for the first time** and **303 children learned to read.** (They ranged in age 8 months to 22 years 1 month.)

Hearing

Of the **178** children who were deaf, **149 (83%) heard for the first time.** (They ranged in age from 8 months to 22 years 1 month.)

Understanding

Of **1586** children whose comprehension was not yet equal to that of the average three-year-old, **1391 (87%) were able to understand** at least as well as a three-year-old for the first time in their lives. (They ranged in age from 15 months to 32 years 3 months.)

Crawling

Of the **1334** children who were unable to move, **540 (40%) crawled for the first time** in their lives. (They ranged in age from 8 months to 22 years 10 months.)

Creeping

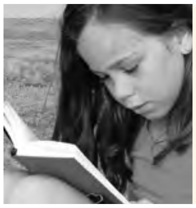
Of the **655** children who were unable to creep, **428 (65%) began to creep for the first time.** This is to say that they defied gravity to move to the third dimension and now get all over the house on hands and knees. (They ranged in age from 7 months to 21 years 6 months.)

Walking

Of the **683** children who were unable to walk, **369 (54%) began to walk without help** for the first time. (They ranged in age from 14 months to 23 years 8 months.)

RUNNING

Of the **826** children able to walk, but not run, **416 (50%) learned to run for the first time.** (They ranged in age from 30 months to 25 years 8 months.)



READING

Of the **2006** children who were unable to read, **1930 (96%) read for the first time.** (They ranged in age from 8 months to 32 years 3 months.)

TALKING

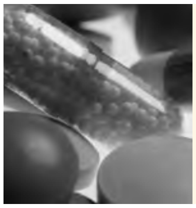
Of the **1634** children who couldn't speak, **696 (42%) spoke for the first time.** (They ranged in age from16 months to 21 years 4 months.)

WRITING

Of the **898** children unable to write, **221 (24%) wrote for the first time.** (They ranged in age from 4 years 4 months to 37 years 8 months.)

HEALTH

Of the **1972** children who were on the program for 12 months or more, **564 (28%) achieved perfect health** for at least 12 consecutive months. Of these, 206 had no illness for more than 24 months, and one had no illness for 12 years 3 months.



DETOXIFICATION

Of the **841** children who were on anticonvulsant medication, **524 (62%) were completely and successfully detoxified.** (They ranged in age from 10 months to 33 years 1 month.) Of the remaining 309 children, 9 are in the process of complete detoxification.

Victories January / December 2022

Seeing

Visual Stage III

AT BIRTH, a newborn baby is blind; he can see light and dark and nothing more. This is Stage I, and at this point the baby has only a light reflex.

As he matures, he begins to see outline. This is the very beginning of seeing. This is Stage II.

When a baby begins to see and respond to details, such a child has developed useful vision. This is Stage III.

Some have no light reflex and cannot see light. They are below Stage I. This is called blind.

Some have only a light reflex and can see only light and dark. This is also called blind.

Children beyond one year of age who are not able to see detail can truly be said to be functionally blind.

Some see only outline; these children do not yet have vision that is in any way useful to them, since their visual needs are much greater at one year and beyond than their needs would have been at the age when it is normal to see only outline. This is called functionally blind.

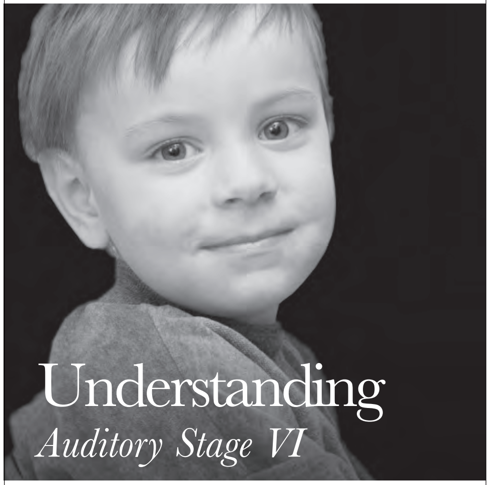
For a child at Stage II, I, or below, who is one year of age or older, to be able to see detail and thus to have useful vision for the first time is an occasion for great rejoicing. When this occurs, it is true to say that the blind or the functionally blind are now seeing.

Valeria *is 24 months old and from Mexico. At her initial evaluation in April 2021, she could see outline and was at Stage II in visual competence. By March 2022, she could see familiar pictures and single words.*

Matteo *is 37 months old and from Florida, USA. At his initial evaluation in April 2021, he could see outline and was at Stage II in visual competence. By October 2022, he could see details and read.*

***Clay** *is 25 months old and from North Carolina, USA. When his parents initiated his program in June 2021, he had a perfect bilateral light reflex and could see outline; he was at Stage II in visual competence. By June 2022, he could see detail at 3 meters and consistently at one meter. He could differentiate detailed Bit of Intelligence cards.*

***Emilia** *is 27 months old and from Peru. When her parents initiated her program in October 2021, she could see outline and was at Stage II in visual compe-tence. By September 2022, she could differentiate pictures of animals and objects, and had been shown 200 single words.*



Understanding

Auditory Stage VI

BABIES BEGIN the complex and seemingly miraculous process of decoding human language at birth. It is a process that we tend to take for granted except, of course, when it does not happen.

After young children develop an understanding of meaningful sounds, they begin to understand words and, finally, simple sentences.

When a child can understand at least two thousand words and hundreds of simple sentences, he has reached a major milestone in his quest for neurological maturity.

At this stage he can understand two-step or three-step instructions, and grasp the concept of tomorrow and yesterday. He has, in other words, all the basics of human auditory understanding of language.

For the average child this process takes three years to achieve. The following children now understand language as well as or better than an average three-year-old.

Bruno *is 57 months old and is from Mexico. At his initial evaluation in July 2019, he understood about 2 words and was at Stage IV in auditory competence. By January 2022, he understood at age level or above. He enjoyed listening to books and expressing himself using a choice board.*

Renzo *is 49 months old and is from Mexico. At his initial evaluation in July 2021, he had an exaggerated startle response, and was hyposensitive or hypersensitive to some sounds; he was at Stage III in auditory competence. By March 2022, he could understand at age level or above. He understood his daily schedule and time concepts, and his parents could reason with him.*

Pablo *is 8 years 9 months old and is from Nicaragua. At his initial evaluation in April 2022, he could hear and respond to sounds and was at Stage III in auditory competence. By April 2022, he understood at age level, including when his parents read age-level books to him and explained life events to him.*

Agnira *is 54 months old and is from Vermont, USA. At her initial evaluation in April 2021, she could understand single words and some phrases; she was at Stage V in auditory competence. By May 2022, she understood over 2000 words, time concepts, and her daily schedule. She consistently used a* *choice board to communicate and to answer questions about books she was reading with her mother.*

Cora *is 38 months old and is from Colorado, USA. At her initial evaluation in September 2020, she understood 2 words but was hypersensitive to sounds and had an exaggerated startle reflex; she was at Stage IV in auditory competence. By May 2022, she understood at age level.*

Samuel *is 34 months old and is from Colombia. At his initial evaluation in August 2020, he could appreciate meaningful sounds and was at Stage III in auditory competence. By June 2022, he understood 2000 words and conversations.*

Valeria *is 29 months old and from Mexico. At her initial evalua-tion in April 2021, she could respond to some words and was at Stage IV in visual com-petence. By August 2022, she understood at the 3-year-old level or above. She enjoyed when her mother read to her books at the 8-year-old level.*

Mateo *is 51 months old and is from Dominican Republic. At his intial evaluation in October 2021, he could understand words and was at Stage V in auditory competence. By October 2022, he could understand and follow complex instructions.*

Avyakthan *is 7 years 10 months old and is from Texas, USA. At his initial evaluation in April 2022, he understood at least 150 words and basic routines at home; he was at Stage V in auditory competence. By November 2022, he understood at age level or above. He communicated using a choice board and responded appropriately to his parents' questions.*

Mathias *is 55 months old and is from Colombia. At his initial evaluation in June 2022, he understood as a 2-year-old and was at Stage V in auditory competence. By November 2022, he could follow 4-step instructions. He understood days of the week, safety, and books with content at the 8-year-old level.*

***Nathan** *is 48 months old and is from Colorado, USA. At his intial evaluation in February 2021, he understood as a 2-year-old and was at Stage V in auditory competence. By October 2022, he could could follow instructions, understood time concepts, and enjoyed books with content at the 8-year-old level.*

Crawling

Mobility Stage II

WHEN CHILDREN move themselves from point "A" to point "B" for the first time in their lives, they have accomplished one of the major objectives in life. In a physical sense, they are free for the first time and can (within certain limits) go where they wish to go without dependence on other human beings. They begin to do so by lying face down and using their arms and legs to push themselves forward. Crawling is movement for movement's sake.

The following children have, since their last evaluation, learned to move by crawling.

Malena *is 33 months old and is from New Jersey, USA. At her initial evaluation in April 2020, she could move her arms and legs and was at Stage I in mobility. By March 2022, she had begun to crawl after using the crawling track, and she crawled for transportation.*

***Ana** *is 11 months old and is from Ecuador. When her parents initiated her program in June 2021, she could roll from front to back and back to front, and could move forward a few centimeters; she was at Stage I in mobility. By January 2022, she crawled for transportation. She could hold the quad position for several minutes and creep several meters.*

***Emma** *is 32 months old and is from Ecuador. When her parents initiated her program in December 2019, she could move her arms and legs was at Stage I in mobility. By February 2022, she could crawl up to 100 meters a day.*

***Ganesh** *is 29 months old and is from Utara. When his parents initiated his program in October 2021, he could move his arms and legs and could roll but not move forward; he was at Stage I in mobility. By March 2022, he could crawl 14 meters nonstop and 100 meters a day. He crawled for transportation.*

***Emma** *is 26 months old and is from Nicaragua. When her parents initiated her program in February 2021, she could move her arms and legs was at Stage I in mobility. By September 2022, she could crawl 100 meters in a day in perfect cross pattern.*

***Dominic** *is 25 months old and is from New York, USA. When his par-ents initiated his program in July 2022, he was beginning to crawl short distances and was at Stage I in mobility. By October 2022, he could crawl 250 meters daily with a good cross pattern.*

Victories January / December 2022

Creeping

Mobility Stage III

WHEN CHILDREN begin to move in a countergravity situation for the first time by getting their bellies off the floor and moving themselves forward on hands and knees, they have begun a great adventure–one of the greatest in all life.

They have given up total security in exchange for speed and ease of movement. Whereas before they had the security of lying flat on the floor (you can't fall off the floor), they also had the problem of dragging their bodies along the floor in the least-efficient way. Now they have sacrificed this security (you can fall down from hands and knees) for efficiency and speed.

While crawling is movement for movement's sake, creeping is movement that is goal-directed. An infant crawls across the room to get across the room. A baby creeps to get the toy that is across the room.

Since their last evaluation, the following children have advanced to the ability to creep and now do so.

Tomas is *19 months old and is from Brazil. At his initial evaluation in September 2020, he could crawl in a homologous pattern and was at Stage II in mobility. By February 2022, he could creep and had begun to walk.*

Malena *is 33 months old and is from New Jersey, USA. At her initial evalu-ation in April 2020, she could move her arms and legs and was at Stage I in mobility. By March 2022, she could creep for transportation.*

Larissa *is 65 months old and is from Florida, USA. At her initial evaluation in November 2021, she could move her arms and legs and was at Stage I in mobility. By September 2022, she could creep for transportation, about 200 meters a day.*

Ana *is 17 months old and is from Ecuador. At her initial evaluation in June 2021, she could roll from front to back and back to front and move forward a few centimeters; she was at Stage I in mobility. By August 2022, she could creep 600 meters daily and could stand up and cruise.*

***Dominic** *is 25 months old and is from New York, USA. When his par-ents initiated his program in July 2022, he was beginning to crawl and was at Stage I in mobility. By October 2022, he could creep for transportation, about 150 meters daily.*

***Emma** *is 32 months old and is from Ecuador. When her parents initiated her program in December 2019, she could move her arms and legs and was at Stage I in mobility. By February 2022, she could creep up to 150 meters a day.*

***Emma** *is 26 months old and is from Nicaragua. When her parents initiated her program in February 2021, she could move her arms and legs was at Stage I in mobility. By September 2022, she could creep for transportation, up to 800 meters in a day, in perfect cross-pattern.*

Walking

Mobility Stage IV

WHEN A BABY STANDS and for the first time lets go of all the furniture to take an independent step, he has made a move of great importance individually and historically. He now accepts the risk of defying gravity, except for the contact of a few square inches of the soles of his feet on the ground. It is exciting, it is dangerous, it is exhilarating, It is the highest of man's mobility adventures. In terms of mobility it is full citizenship at last.

These children have become walkers since their last evaluation. They can stand up in the middle of a room, can walk across a room independently, and they choose walking as their means of mobility.

Miranda *is 34 months old and is from Florida, USA. At her initial evaluation in July 2022, she could creep for transportation and was at Stage III in mobility. By October 2022, she could walk for transportation and could walk outside, at least 15 meters at a time. She could stand independently and carry objects while walking.*

Tomas *is 19 months old and is from Brazil. At his initial evaluation in September 2020, he could crawl and was at Stage II in mobility. By February 2022, he could walk for transportation.*

***Emma** is 32 months old and is from Ecuador. When her parents initiated her program in December 2019, she could move her arms and legs was at Stage I in mobility. By February 2022, she could walk as much as 2000 meters a day.*

***Nathan** is 48 months old and is from Colorado, USA. When his parents initiated his program in February 2021, he could walk across a room but no yet carrying an object while walking; he was at Stage IV in mobility. By October 2022, he could walk a half-mile in 30 minutes and was beginning to become airborne when walking fast.*

***Diego** is 10 years 6 months old and is from Peru. When his parents initiated his program in August 2021, he could take steps and was at Stage IV in mobility. By February 2022, he could walk for transportation*

Running

Mobility Stage VI

AS A CHILD WALKS, his coordination matures and his ability to deal with gravity in the upright position improves. In his never-ending search for more efficient mobility, he begins to accelerate his walk. He leans his body forward and lifts his feet higher off the ground.

At first these movements are jerky, and he can sustain his speed for only a few seconds. He begins to trot. This is the first step towards running. With practice, he learns to maintain the upright position while traveling through space. As he gains experience his pace acquires velocity, and for a split second both his feet leave the ground and he glides. He is now experiencing the sheer exhilaration of running. These children have become runners since their last evaluation. They can run at least 100 yards nonstop in cross-pattern.

***Sean** is 7 years 5 months old and is from Connecticut, USA. At his initial evaluation in December 2017, he could walk and carry objects while walking; he was at Stage V in mobility. By February 2022, he could consistently run one-eighth of a mile nonstop and once ran a quarter-mile. He could walk on a balance beam and was attempting to hop on one foot.*

***Amelia** is 7 years old and is from Kansas, USA. At her initial evaluation in July 2021, she could run, but not 100 meters nonstop; she was at Stage VI in mobility. By August 2022, she could run 100 meters nonstop and hop across the room on her right leg.*

***Pablo** is 9 years 4 months old and is from Nicaragua. At his initial evaluation in April 2022, he could run about 20 meters and was at Stage VI in mobility. By October 2022, he could walk and run 2.2 km and run 1.7 km nonstop.*

Reading

Visual Stage VII

IT IS DIFFICULT when describing that superb function, reading, not to use words in impossible combinations such as “most unique.” Man has six unique functions, each of which is a product of the human cortex. One of these is reading. While it is not possible for one function to be “more unique” than another, it is true that the animals closely approach man in some of the other functions, such as walking upright. This is not so in reading.

The following children have, since their last evaluation, unlocked the door to all that is beautiful and true that has been written in their own language. It is interesting to note the present age of these children who can now read at least one hundred words.

***Amelia** is 6 years 6 months old and from Kansas, USA. At her initial evaluation in July 2021, she could differentiate pictures and was at Stage V in visual competence. By January 2022, her program had included 600 words, 300 phrases, and 60 homemade books with content at the 6- to 7-year-old level, with 1.5 cm print size and 15 words per page.*

***Bruno** is 57 months old and from Mexico. At his initial evaluation in July 2019, he could see detail within a short distance and was at Stage III in visual competence. By January 2022, he could read homemade books at the 6-year-old level or above.*

Victories JANUARY / DECEMBER 2022

TOMAS *is 19 months old and from Brazil. At his initial evaluation in September 2020, he could see outline and was at Stage II in visual competence. By February 2022, he enjoyed his reading program, which had includ-ed 1800 words and 72 homemade books.*

RENZO *is 49 months old and from Mexico. At his initial evaluation in July 2021, he had a delayed light reflex, could see outline, and could inconsistently see detail at 2 meters or more; he was at Stage III in visual competence. By March 2022, his program had included at least 350 words and 10 homemade books.*

AGNIRA *is 54 months old and from Vermont, USA. At her initial evaluation in April 2021, she could see detail and was at Stage III in visual competence. By May 2022, her program had included 550 words and 25 couplets and phrases. She enjoyed her reading program and could differentiate single words by indirect questions.*

CORA *is 38 months old and from Colorado, USA. At her initial evaluation in September 2020, she could see detail from across the room and recognize family members in photos; she was at Stage V in visual competence. By May 2022, her pro-gram had included over 400 words and sentences and 65 homemade books.*

EMMA *is 46 months old and from Florida USA. At her initial evaluation in August 2021, she could see detail and was at Stage III in visual competence. By May 2022, she could read words, couplets, and sentences, including from pages of her homemade books.*

VALERIA *is 29 months old and from Mexico. At her initial evaluation in April 2021, she has a delayed light reflex and was at Stage I in visual compe-tence. By August 2022, she could read words and sentences.*

ANA *is 17 months old and from Ecuador. At her initial evaluation in June 2021, she could react to a smile and visually follow her parents across the room; she was at Stage III in visual competence. By August 2022, Ana enjoyed her reading program, which had included 1700 words, 270 sentences, and 40 homemade books.*

DIEGO *is 11 years old and from Peru. At his initial evaluation in August 2021, he could see details and was at Stage III in visual competence. By August 2022, his program had included 800 words, 450 sentences, and 10 homemade books with 2 cm print size, 6 words per page, and content at the 6- to 7-year-old level.*

MATEO *is 51 months old and from Dominican Republic. At his initial evaluation in October 2021, he could differentiate letters and numbers and was at Stage VI in visual competence. By October 2022, he could read single words, couplets, and sentences.*

MATTEO *is 37 months old and from Florida, USA. At his initial evaluation in April 2021, he could see outline and was at Stage II in visual competence. By October 2022, he could read single words and couplets, and was beginning to read homemade books.*

PABLO *is 8 years 9 months old and from Nicaragua. At his initial evaluation in October 2015, he could differentiate pictures and was at Stage V in visual competence. By April 2022, he had seen 3000 words, 200 couplets, and 10 homemade books. He was able to read simple sentences.*

***EMMA** *is 26 months old and from Nicaragua. When her parents initiated her program in February 2021, she could see detail and was at Stage III in visual competence. By September 2022, she enjoyed her reading program, which had included 900 words in Spanish and English, 100 couplets, and 2 homemade books.*

***NATHAN** *is 48 months old and from Colorado, USA. When his parents initiated his program in February 2021, he could recognize pictures of animals and objects; he was at Stage V in visual competence. By October 2022, his program had included 500 words and he was reading commercial print books. He especially enjoyed dictionaries for children.*

***DIEGO** *is 7 years 9 months old and from Honduras. When his parents initiated his program in April 2021, he could differentiate letters and numbers; he was at Stage VI in visual competence. By January 2022, he could read 500 words, 60 sentences, and 15 homemade books.*

***AVYAKTHAN** *is 7 years 4 months old and from Texas, USA. When his parents initiated his program in April 2022, he could recognize letters and numbers and sight read 50 words; he was at Stage VI in visual competence. By May 2022, he could read over 100 words and some simple sentences. He could answer indirect questions about his reading.*

***THOMAS** *is 7 years 9 months old and from Mexico. When his parents initiated his program in August 2020, he could differentiate letters and numbers; he was at Stage VI in visual competence. By July 2022, he could read 1000 words, 400 couplets, and 80 homemade books.*

Talking

Language Stage V

ONLY HUMAN BEINGS, using the unique human cortex, have been able to make a large variety of sounds and to assign abstract, symbolic, conventional meanings to those sounds. The result has been human language in hundreds of forms, including English, French, German, Swahili, Spanish, and Portuguese.

Since their last evaluation, the following children have begun to consistently use a vocabulary of at least ten words and at least two couplets, and to do so spontaneously and meaningfully.

Pablo *is 8 years 11 months old and is from Nicaragua. At his initial evaluation in April 2022, he could cry and was at Stage II in language. By April 2022, he could speak in words and sentences, at the 2- to 3-year-old level.*

Kriya *is 11 years 5 months old and is from Calilfornia, USA. At her initial evaluation in July 2020, she could make a few meaningful sounds and was at Stage III in language. By January 2022, she could speak 12 words and 2 phrases. Her language had become clearer to her parents and family.*

Malena *is 33 months old and is from New Jersey, USA. At her initial evaluation in April 2020, she could make many meaningful sounds and was at Stage III in language. By March 2022, she could speak 100 words and 6 couplets.*

Agnira *is 54 months old and is from Vermont, USA. At her initial evaluation in April 2021, she could make some meaningful sounds and was at Stage III in language. By May 2022, she could speak 14 words and a few couplets that her family understood.*

Health

MANY BRAIN-INJURED children, in addition to their developmental problems, are chronically ill, and some are in a life-threatening situation because of their constant illnesses.

A pediatrician expects an average child to have 9 to 12 respiratory illnesses a year and is not overly concerned until the frequency is greater than that.

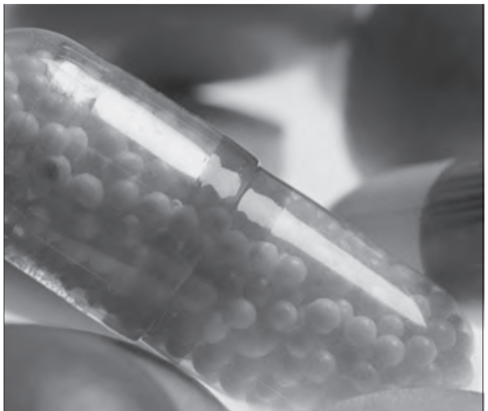
Once a child begins a full neurological program, we expect to see a dramatic improvement in his overall health. In fact, our objective is no illnesses or conditions such as prolonged allergies, seizures, and fatigue that cause an interruption in either performance or alertness.

The following children, while doing a strenuous neurological program, have achieved the objective of no illness for 12 months or more. The average months of perfect health for these children is 24.

These results represent an amazing improvement in health as compared to the average well child.

The following children have achieved perfect health for the number of months indicated:

Krishna	*12*
Jorge	*12*
Safana	*13*
Yuma	*14*
Cillian	*14*
Nicolas	*17*
Ronan	*18*
Ai Wei Ava	*21*
Sabastian	*29*
Hana	*34*
Regina	*43*
Eiki	*73*
Sara	*79*



Detoxification

At the time of initial evaluation, 53% of our children have a history of seizures at some time in their lives. In 1993, 37% were currently having seizures (that is within one year prior to their initial evaluation) and 31% were on anticonvulsant drugs. In this group, the maximum number of drugs taken simultaneously was three. Despite these medications, seizures often continued unabated; 84% of the children currently having seizures were receiving anticonvulsants.

Because of sedation and other undesirable side effects of the drugs, a program of medication reduction is undertaken with great care under the direction of our medical staff. In 1993, we succeeded with complete elimination of such medication in more than 67% of our children. Of these, 47% had no seizures for a minimum of 6 months following detoxification.

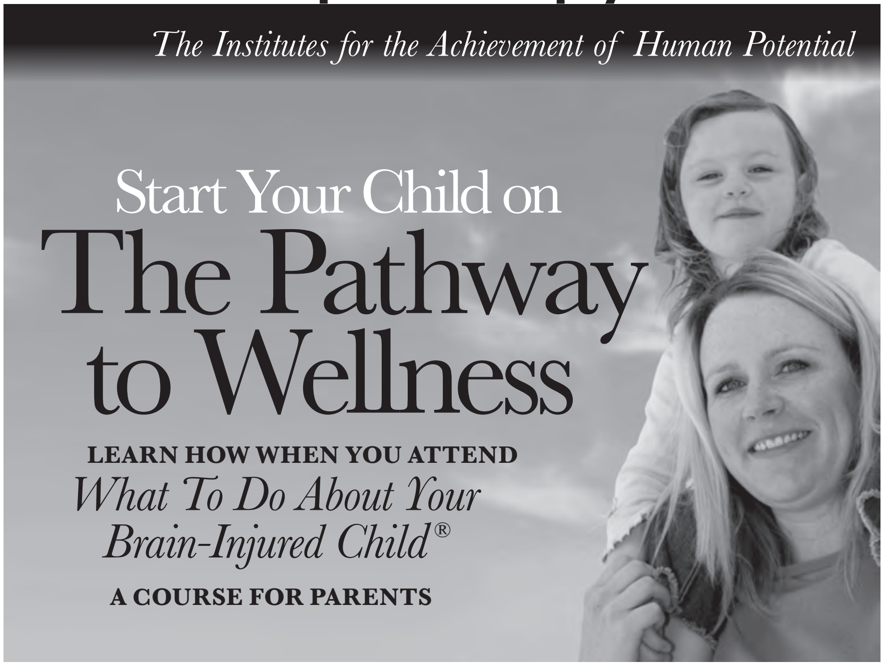
Detoxification refers to the successful elimination of any neuroactive medication, such as anticonvulsants, stimulants, antidepressants, narcotics, and tranquilizers. The following children are now completely detoxified.

Regina *is 60 months old and is from Ohio, USA. At her initial evaluation in August 2017, she had taken Depakene since March 2016. She has not had a seizure since February 2017.*

Derion *is 11 years 3 months old and is from Arkansas, USA. At his initial evaluation in November 2020, he had been taking Focalin for ADHD. He has never had seizures.*

The Institutes Courses: 2023

We can help YOU help your child.

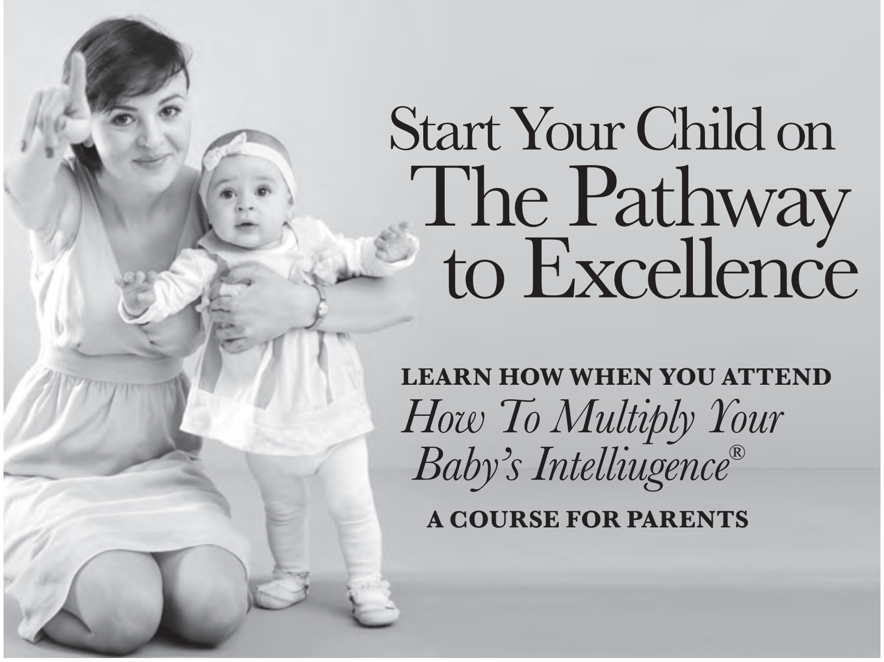

The Institutes for the Achievement of Human Potential

Start Your Child on
The Pathway
to Wellness

LEARN HOW WHEN YOU ATTEND
What To Do About Your Brain-Injured Child®
A COURSE FOR PARENTS

For more information:
Phone: 215-836-4868 • Email: wtd_registrar@iahp.org

Parents are the best teachers.


Start Your Child on
The Pathway
to Excellence

LEARN HOW WHEN YOU ATTEND
How To Multiply Your Baby's Intelliugence®
A COURSE FOR PARENTS

For more information:
Phone: 215-896-4743 • Email: htm_registrar@iahp.org

What To Do About Your Brain-Injured Child ONLINE

Email: wtd_registrar@iahp.org
Phone: (215) 233-2050

DATE

February 13-21, 2023
April 17-25, 2023
June 19-27, 2023
August 14-22, 2023
October 9-17, 2023
December 4-12, 2023

How To Multiply Your Baby's Intelligence ONLINE

Email: htm_registrar@iahp.org
Phone: (215) 233-2050

DATE

June 5-9, 2023
Oct. 30-Nov. 2, 2023

For Course Updates Visit
www.iahp.org

The Institutes for the Achievement of Human Potential

Online Lecture Series Prog

The Objective

THE LECTURE SERIES Program enables graduates of the *What To Do About Your Brain-Injured Child* Course who are not enrolled in the Intensive Treatment Program to attend on-going lectures in child brain development. This lecture series is invaluable to parents who are not able to enroll in either the Aspirant Program or Intensive Treatment Program. By attending these lectures, parents can continue to gain knowledge of child brain development and apply this knowledge to their children at home.

The objective of the Lecture Series Program is to provide parents with intermediate and advanced information in the field of child brain development, so that parents who are doing a home program may use that knowledge to improve and enhance the progress of their children.

This lecture series in child brain development is for parents. The series contains lectures on mobility development, intellectual development, physiological development, and social development. This program was developed over the last three decades for parents on the Intensive Treatment Program and is still a vital part of that program.

Eligibility

ANY PARENT WHO HAS earned the Certificate in Human Development at the Initial Parent Level in the *What To Do About Your Brain-Injured Child* Course is eligible to enroll in the Lecture Series Program. If only one parent is certified, only this parent is eligible to attend the Lecture Series program.

Preparation

THESE LECTURES ARE very stimulating and exciting. The lectures are carefully organized to enable each parent to learn about human brain function.

The staff recommends that parents who enroll in this program review the book *What To Do About Your Brain-Injured Child*, all materials from the course, and their own notes. Additional reading of the books and literature of The Institutes is highly recommended at this point.

Content

THIS PROGRAM CONSISTS of more than eighty hours of lectures, which include demonstrations by the staff, parents, and children enrolled in our Intensive Treatment Program. In addition, there is a comprehensive review of the results of treatment of the children in the Intensive Treatment Program.

Each two-day lecture series contains lectures on mobility growth, intellectual growth, and physiological growth. As the lecture series advances, social growth is included.

The Lecture Series Program provides increasingly more advanced lectures.

Each lecture series is a stepping stone for the subsequent lecture series. For this reason, the series must be attended in sequence.

The following page includes the titles of the lectures presented in each series. To enroll in the Lecture Series Program, please contact the registrar at: (215) 233-2050.

2023 Online LECTURE SERIES SCHEDULE

Lecture II

Jan. 9-11
April 10-12
July 10-12
Oct. 23-25

Lecture III

Jan. 23-25
May 17-19
Nov. 6-8

Lecture IV

Jan. 26-27
May 15-16
Nov. 9-10

Lecture V

March 20-22
May 24-26
Sept. 18-20

Lecture VI

Jan. 12-13
July 6-7

Lecture VII

March 23-24
Sept. 21-22

Lecture VIII

May 29-30

For Lecture Program Updates Visit **www.iahp.org**

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Lecture Series Titles

Please Note: These lectures are constantly expanding and changing. The titles and content will vary as the staff continues to find better solutions for brain-injured children.

Lecture Series I

What To Do About Your Brain-Injured Child Course

Lecture Series II

Physical Growth Lectures

- The Medullary Reflex Program
- The Ontogenetic Mobility Program
- The Quantification of Human Mobility

Intellectual Growth Lectures

- How To Multiply Your Child's Intelligence
  - *Part 1: Heredity and Environment*
  - *Part 2: Myths About Kids*
  - *Part 3: Defining Intelligence*
  - *Part 4: Potential Intelligence*
  - *Part 5: The Brain vs. Computer*
  - *Part 6: Intuiting the Laws*
  - *Part 7: How To Teach Your Child Mathematics*
  - *Part 8: How To Teach Bits of Intelligence*

Physiological Growth Lectures

- The Importance of Oxygen to the Brain
- Respiratory Patterning
- The Oxygen Enrichment Program
- Better Brain Function Brings a Better Life
- The Importance of the Environment and Food For Your Child

Results of Treatment

Lecture Series III

Overall Growth and Development Lectures

- The Gravity Free Environment
- The Gravity Assisted Program

Intellectual Growth Lectures

- The History of The Institutes for Intellectual Excellence
- Joyousness and Reading
- The Auditory Pathway
- Communication and Language Development

Physiological Growth Lecture

- The Effect of Food, Chemicals, and the Environment on Health, Behavior, and the Brain

Physical Growth Lecture

- Applied Kinesiology, The New Aerobic Program, and Biofeedback

Social Growth Lecture

- The Law

Results of Treatment

Lecture Series IV

Overall Growth and Development Lectures

- The Life Plan
- The Honeymoon Program

Physical Growth Lecture

- How to Grow the Integrative Areas of the Brain

Intellectual and Social Growth Lecture

- The Civil Code Program

Physiological Growth Lecture

- The Study of Seizures

Results of Treatment

Lecture Series V

Overall Growth and Development Lectures

- The Developmental Profile
- The Ontogeny and Phylogeny of Human Growth and Development

Physical Growth Lectures

- Active Respiratory Patterning
- Restorative Yoga for Your Child and Your Family

Intellectual Growth Lectures

- Problem Solving
- Laterality

Results of Treatment

Lecture Series VI

Overall Growth and Development Lectures

- The Human Spirit
- How To Program Your Child

Physical Growth Lecture

- Physical Excellence Review

Intellectual Growth Lectures

- What Prevents Your Child From Talking
- Language Development Program

Physiological Growth Lecture

- Physiological Excellence Review

Results

Ceremony of Certification

Reception

Graduation to Life

THE ROAD TO GRADUATION IS OFTEN A LONG ONE.

Sometimes, along the way, a child achieves true excellence in one or two areas (which is to say he is clearly above his peers), while he has not attained wellness in one area.

When this occurs, one of two possibilities exists: such a child continues on the program until that final area is perfect and then graduates, or the staff and the family agree that the child should join his well peers while continuing to do a neurological program that will solve the remaining problems.

In this second case, the everyday demands of life itself, combined with the continued neurological program, are sufficient to eventually solve the child's remaining problems. This is called "graduation to life."

If all goes well after a child "graduates to life," the remaining problem is totally solved. When this occurs, the child returns for a final evaluation and formally becomes a full graduate.

If the parents do not see the desired progress and changes occurring in life, they contact The Institutes and the child returns to a full program.

Epameinondas

Today he's a happy, confident young man.

Epameinondas, the second child in the family, appeared to be a well baby at birth, although sleepy when trying to feed and often congested. By six months of age, he had grown into a lively, happy baby who looked forward to his meals and was very interested in books and movement.

His mother described him as an easy-going child who was very happy and smiley in the morning. He could crawl at a very young age, he crept, and began to walk before his first birthday. This is when he started using his first words.

After a vaccination, mother noticed that her son's language and social interactions had regressed. He was hyperactive, had problems sleeping, and was too sensitive to sound and touch. By three years of age, Epameinondas did not respond to his name, he was no longer talking or smiling, and he did not make eye contact, preferring to play alone. Between 18 months and 3 years of age he could not get to sleep and wanted company all night long, so his mother started sleeping beside him. He became increasingly serious, he wouldn't smile anymore, and he would scream whenever an occasion caused him stress, like social gatherings or taking a walk among people.

With his loving sister, who supports and guides him.

He began school, but after a difficult year his parents were advised to visit the Public Health Centre. There they received a formal diagnosis of autism, which did not surprise them, because they realised that developmentally their son was way below his peers in performance.

His mother wrote: "The very sound of the word 'autistic' brought about many negative thoughts and hurtful associations. There was resentment, fear for the future, uncertainty and also helplessness."

"We started vocational and speech therapy as advised by the school and the public services, but with poor or no results whatsoever. The tantrums remained, his speech developed a little. At school he was far behind his peers."

His mother learned of The Institutes from another parent and attended the *What To Do About Your Brain-Injured Child* Course. At 8 years old, Epameinondas was unable to read or write, his behavior was erratic and aggressive, and he did not follow instructions or enjoy social contact. He could not hold a conversation, and had a very poor vocabulary.

Mother started a home treatment program and almost immediately saw significant overall improvement. In her words, "We had a program. We had a vision and a goal. We had structure. Little by little our son became a totally different child—cognitively, physically, and physiologically."

Today, at 13 years of age, Epameinondas is a fulltime student in junior high school. He is reading books above his age level, writing essays, and developing into a fine artist. He can bike and swim, and he runs 3 to 4 kilometers daily. He speaks both Greek and English.

In December 2022, Epameinondas became a Graduate to Life from The Institutes program. He will continue in school at age level while addressing any remaining problems through his home program.

From his mother: "I believe we should trust our instincts and never listen to those who will present us with all the negative talk. Nobody knows your child better than you do, and nobody can be a better teacher for your child than you. The neurological program, combined with your enthusiasm, joy, and love, will make your child flourish and reach his full potential."

She adds, "Epameinondas's confidence and strength and eagerness to learn are his new weapons. Certainly, Epameinondas has more choices than he used to and more possibilities to explore concerning his academic performance and overall development."

She comments that his social growth is remarkable; he cares for other people's feelings and he is willing to help around the house. "He never ceases to surprise us with a new step every day, all due to the program he has followed."

"I could not feel more grateful to The Institutes program for the fine teenager Epameinondas has grown into. The future seems so promising and bright. Who knows what lies ahead for him." ■

by Susan Aisen, Director
The Institute for the Achievement
of Intellectual Excellence

Full Graduation from The Institutes Intensive Treatment Program

The objective of all the children on The Institutes program is to graduate and take their place in the world with their well peers. This is a high objective. In order to achieve it, a child must be neurologically equal to or above other children his age.

Each child on the program works to achieve physical, intellectual, and social excellence. When these are achieved, that child is completely well neurologically and ready for graduation.

Amrith

His parents led him through early challenges to full graduation.

Amrith faced challenges from the start. Immediately after birth he was treated with antibiotics in neonatal care due to a bacterial infection. He was a colicky and unsettled baby who had poor and disturbed sleep.

He was meeting all milestones properly, but at 8 months, after he had a vaccination for measles, his eye contact dropped significantly and he stopped responding when his parents called his name. He always played by himself in isolation and he liked spinning the wheels of toy cars. When he was 15 months old, he was formally diagnosed with "Autism Spectrum Disorder."

His parents eliminated gluten and dairy from his diet and began applied behavioral analysis therapy at home. He had difficulty in tolerating more than three people, and was very sensitive to sounds, so taking him shopping or to public places would cause severe meltdowns. His health was also poor, with frequent asthmatic attacks and hospital admissions for breathing problems.

When Amrith was 2.5 years old, he was in various interventions, including auditory integration therapy. That therapist had attended the *What To Do About Your Brain-Injured Child* Course in Philadelphia many

Amrith earns his yellow belt in karate.

He won a gold cup for singing at the school talent show.

years earlier and she recommended The Institutes to Amrith's parents.

Taking the course about a year later, his parents wrote, "It was very motivational for us to hear about the real-life experiences of other children and parents from the staff of The Institutes. This reinforced our belief that Amrith would also improve significantly, if we were to do the intensive program.

At his first visit to The Institutes, Amrith had poor understanding and speech; he had no reaction to either hot or cold and had a delayed response to pain. He was hyperactive and had no bimanual function.

His parents were very positive after that first visit. His father took a one-year sabbatical so he could stay home and do the program full-time, and they took Amrith out of nursery school and started a home program with him.

After three months of intensive program, he started showing improvements. His sleep began to get better and he started sleeping throughout the night. His diet was also improving and he started trying a variety of healthy food. His receptive and expressive speech improved significantly. His cognitive functions and fine motor skills developed. Amrith benefitted greatly from the encyclopedic knowledge program and the reading program.

Amrith's grandmother was also actively helping with his program by preparing Bit of Intelligence cards and many books for him, specifically for his interests. His overall health was good, with no recurrence of asthma or other illness. He was no longer bothered about noise or being in crowds, and he enjoys visiting malls and attending birthday parties with his friends.

By the time his was five years old he was reading science books well above his age level, he was able to solve math equations using fractions, and he ran 3.5 km daily. Just after his sixth birthday, he was able to write in full sentences.

Two years after beginning his program Amrith started mainstream school. He loves going to school and he is right up with his peers. At home, he enjoys reading books, brachiating, running, and doing gymnastics.

In June 2022, Amrith earned Full Graduation from The Institutes programs. His parents report: "Amrith is doing well. He has started to learn karate as a hobby and he is enjoying it. He is also doing well academically at school. In karate, he earned his yellow belt, the first belt, which requires the person to demonstrate the basic level of fitness, ability, and concentration required to meet that level. He earned a gold cup after participating in a talent show competition in his school. He was awarded the cup for his ability in singing."

"We are very confident that Amrith can lead an independent life of his own in the future and he can achieve his ambitions and dreams." ■

By Amrith's Parents
and Susan Aisen, Director
THE INSTITUTE FOR THE
ACHIEVEMENT OF INTELLECTUAL
EXCELLENCE

Full Graduation from The Institutes Intensive Treatment Program

Dylan

His family never gave up.

After a challenging pregnancy, Dylan was born prematurely. He had frequent ear infections as a toddler, with several courses of antibiotics. By 30 months of age, Dylan's parents were increasingly concerned about his lack of responsiveness, poor speech development, and unusual behavior. Subsequently, Dylan was diagnosed with Tourette's syndrome and autism.

He entered school but by second grade things started to get harder and harder, especially in reading comprehension. While Dylan could read any word in the books for his age, he was not able to comprehend what he was reading. He also started to have a hard time socializing, as he was not able to read the social cues from other kids or perhaps not understanding if he was welcomed to join them. When he was 8, he was enrolled in a brain training therapy. During the initial evaluation it was determined that Dylan was about four years behind in some areas.

At 10 years of age, Dylan was below age level in understanding, speech, reading, and writing. He was overly sensitive to sounds, he had poor eye contact, and had difficulty holding a conversation. His challenges continued at school, and he would have to work with his parents on school material all day every weekend. He had to cover all the topics over and over. He had a hard time understanding basic concepts, such as knowing when to add or subtract when doing word problems.

Dylan's parents attended the *What To Do About Your Brain-Injured Child* Course, and he had his first appointment at The Institutes soon after. Returning home, they first started with a crawling and creeping program. They also made some changes to his daily diet, and his parents started to see some changes in him. They soon expanded the neurological program to include brachiation and running. His parents stated, "Dylan worked tirelessly on his program, day after day. He has been so

Dylan and Dad following a 5K race.

committed, that he even met his 6-month goals, set by The Institutes staff, in about 6 weeks."

After 18 months of home program, Dylan entered regular sixth grade as a full-time student. At first his parents had to spend many hours after school helping him to complete his assignments. Now Dad writes: "We're super excited—his report card was awesome. He fell short of getting straight A's by two points. He's taking advanced classes, but the time spent studying at home is minimum; this is a great accomplishment. He was selected to be on the student council!"

"Dylan ran a 5K race in 26 minutes and finished 21st out of 100 competitors of all ages. He entered his first swim meet, competing in three events. He started his first baseball season, participated in his first concert in the school choir, and he is about to take the test to earn a black belt— the 2nd degree in taekwondo. There are no words to describe how proud we are of him and thankful of having found out about The Institutes."

Dylan enjoying his first season of baseball.

In July 2022, Dylan earned Full Graduation from The Institutes program. The staff is pleased to see this determined young man reach this moment with his wonderful family right by his side. This family never gave up. They join a legion of families all over the world who have proven that that their child has tremendous potential when given a fighting chance. They believed in their son and each other. We predict Dylan's future is going to be great. ■

by Dylan's Parents and Susan Aisen, Director
THE INSTITUTE FOR THE ACHIEVEMENT
OF INTELLECTUAL EXCELLENCE

Jonathan, mostly self-taught, performed on the piano in the school talent show.

Jonathan

Hard work and persistence paid off.

JONATHAN DEVELOPED AS A NORMAL BABY but at about 8 months he was treated for an infection with antibiotics. By about one, he was constantly fussing and had frequent diarrhea, which his parents attributed to teething.

At his 18-month checkup, Jonathan did not meet his developmental milestones for the first time, particularly in speech development and social interaction and imitation. The pediatrician recommended that his parents spend more time with him and provide more stimulation. He also received vaccinations that normally were scheduled for two separate sessions, and he responded with a bout of almost hyperactive behavior.

His parents thought the developmental delay would disappear, but in a few months they realized that Jonathan was not catching up with his peers. When he got excited, he would flap his hands and bounce on his toes. Three separate auditory evaluations showed normal hearing, while his speech was as limited as that of a functionally deaf child.

Jonathan was placed on an early intervention therapy program for autistic children, receiving at-home developmental therapy from multiple therapists just after turning two.

By the time he was almost 3, he could no longer feed himself with a spoon, drink from a cup, or put together simple puzzles meant for kids a year younger.

The turning point came when a friend suggested they check for food allergies, since Jonathan still had digestion issues. His parents removed gluten and lactose from his diet, and the effect was almost immediate. He was much less hyperactive; he seemed calmer and more focused than at any point during the 12 months prior.

His parents met with a gastroenterologist who focused on digestive health. They found that Jonathan had a severe candida overgrowth in his intestines, and that his natural digestive bacterial flora was severely damaged. The doctor helped to treat the candida infection, rebuilding the gut bacteria and addressing a number of other issues with Jonathan's metabolism.

They spent about a year working on healing Jonathan's metabolism while sending him to an early intervention preschool and multiple physical and speech therapy sessions each week. He was making some progress, but his parents kept looking for alternative treatments or therapies. Eventually they discovered the success story of a child who had been to The Institutes and recovered from "autism."

His parents attended the *What To Do About Your Brain-Injured Child* Course in Philadelphia. At his initial visit three months later, his chronological age was five but his neurological age was just over two years. They received a complete home program and got to work.

They wrote: "Once we put our program into action, the advances we saw were nothing short of amazing. In hindsight, we are convinced that the 12 months of nutritional and detox program that improved Jonathan's metabolic system before we found The Institutes played a huge role. Without knowing it at the time, we had gotten our son as ready as he could possibly be for The Institutes."

They stopped Jonathan's conventional physical and speech therapies and removed him from the special needs preschool. Later, a team of his (former) teachers, therapists, and education specialists reviewed Jonathon's skill and knowledge levels, and Jonathan was cleared to attend a regular kindergarten the following September. One of his evaluators wrote, "Academically, he's a rockstar."

They saw major improvements in Jonathan's coordination and motor skills. He learned to read in both English and Spanish, and was learning mathematical topics that his older sister had not learned in school yet.

He began to initiate conversations at home and used full sentences to tell his father about something funny or exciting that happened during the day. His mother speaks to him in Spanish, her native language, which Jonathan understands.

After two years of home program, he graduated to life and began to attend regular school. His parents write: "He completed the third grade successfully. He has been in the classroom for a full year with his peers, accomplishing his homework completely independently, and reading for pleasure in his free time. He has many friends and is making new ones along the way. He participates in a youth soccer program. Jonny continues to play the piano, which he has mostly taught himself, and recently joined the school talent show to perform."

In July 2022, Jonathan became a Full Graduate of The Institutes Intensive Treatment Program. He is a confident, capable, and happy young man who is looking towards his future. ■

by Jonathan's Mother and Susan Aisen, Director
THE INSTITUTE FOR THE ACHIEVEMENT
OF INTELLECTUAL EXCELLENCE

Parent Certification

The Child Brain Development Certificate at the Qualified Parent Level testifies to the successful completion of and attendance at all parent certification lectures, and the application of the treatment to brain-injured children for at least two years.

The minimum number of hours to be engaged in this course is 17,290 hours. This experience in child brain development involves the successful accomplishment of a home treatment program toward achieving physical, intellectual, and social excellence in a brain-injured child.

The parents listed received the Certificate in Child Brain Development at the levels noted. ■

Certificate of Lecture Series Completion

July 2022

Giulia I.
Mami Y.

Certificate at Qualified Parent Level

July 2022

Karenina M.
Kamal B.
Bianca C.
Hoon T.
Shoko O.
Shinichi O.

Certificate at Intermediate Parent Level

November 2022

Ranya A.
Maria Elena D.
Marcel D.
Dheeraj D.
Kunal G.
Abhay G.
Stephanie H.
Garrick H.
Tsetsegmaa B.
Barry P.
Mimi E.
Michael W.

Certificate at Intermediate Parent Level

November 2022

Ilona K.

Update on Graduates

Our goal is for every hurt child to have a fighting chance to be well. Since 1955, The Institutes has been pioneering better ways to grow the brain to use the vast capacity that is presently unused.

There are probably 100 ways for a good brain to get hurt and, by now, we have probably seen all those ways. It does not matter whether that path began shortly after conception, six months before delivery, or after birth. In the end, the child is left with the injury and its consequences.

The good news is that the brain has tremendous plasticity. It can recover, it can get better – it is only hurt.

Here we present updates on six graduates from The Intensive Treatment Program. Each began with a different diagnosis, but with their enormous effort and their parents' help fought their way from brain injury to wellness. ■

GERMAN: *LEARNING PROBLEMS*
MARIETTA: *MENINGITIS AT BIRTH*
FRANCESCO: *TRISOMY 21*
TAE: *DEVELOPMENTAL DELAY*
PIERRE: *BIRTH TRAUMA*
FERRUCCIO: *CEREBRAL PALSY*

German: Learning Problems

When German was a baby, his mother attended The Institutes *How To Multiply Your Baby's Intelligence* Course and began to teach her baby at home. However, he had frequent colds, numerous allergies, asthma, and bronchitis. He also contracted typhoid with a high fever. At age 3 and in pre-school, he stood apart from the other children. He played alone and did not respond to verbal directions.

His mother said, "I was in denial about my child. He could speak German, Spanish, and English but he was absent from life. He is interested in many things and wants to learn them, but he cannot get focused. Our son needs help desperately."

Parents attended the *What To Do About Your Brain-Injured Child* Course and began the Intensive Treatment Program. After one year, German had perfect health and was interacting well with his peers. His learning problems were gone; he was advanced in mathematics, reading, and creative writing, and was an outstandoing violin student. His mother described him as "healthy, strong, and happy."

After graduating from The Institutes program, German excelled in high school, taking advanced mathematics, physics, chemistry, and economics classes. He broke a school running record that had stood for 60 years.

The young man had many options for university study, and chose to study engineering in Vienna.

After his first year, German wrote:

> *Academically everything went great, mathematics and physics were my favourite subjects. What I found most challenging was the fact that everything was in a new language, which I never learned at school, just by speaking with my father at home (German). However, after the first semester I practically understood everything in my classes and things became clearer. During my first semester I also joined a soccer team and it went quite well, as we finished 4th and only one point away from 3rd place. I hope that we can win the title next season.*
>
> *During my second semester I went to a 5K race with some friends and ended up in third place out of all my university colleagues. It was quite exciting. I have also been biking lately and 3 weeks ago I went on a biking tour around Mexico City with one of my friends. It took over 3 hours but it was relaxing and I got to know more about my own city.*
>
> *This summer, apart from doing lots of sports such as golf and swimming, I have been studying in order to be prepared for next semester.*
>
> *I would like to thank you for rescuing me. Without The Institutes' help, I wouldn't have the opportunity to study Mechanical Engineering at the Technische Universität Wien, where the academic instruction is top quality and therefore extremely demanding, and most importantly, now I am enjoying my life while taking challenges.*
>
> *With love and gratitude, German* ■

Marietta: Meningitis at Birth

In spite of an acute illness following birth, a dire prognosis, and lack of development in her first year, Marietta improved and excelled due to her parents' determined efforts.

Born a healthy baby, Marrietta contracted bacterial meningitis soon after birth, resulting in extensive brain injury and loss of brain tissue. Her parents were told that "her visual center is gone, she is brain blind; there was no treatment for her," and that she would never function as a normal child.

They traveled to The Institutes to attend the *What To Do About Your Brain-Injured* Child Course when Marietta was 7 months old. She was blind, deaf, and insensate, and unable to move or use her hands. They immediately began a home treatment program that included visual, auditory, and tactile stimulation, and the maximum opportunity for her to move on the floor.

Marietta sees for the first time.

By her initial visit at 15 months, Marietta was able to see and was speaking a few words. She crawled and had begun to creep. Her cortex and midbrain had developed significantly, and she had begun to catch up to her well peers.

The staff designed a series of neurological treatment programs for the family to continue at home. By 19 months, she spoke over 40 words and couplets and was enjoying a strong reading program. Regarding her vision, only a slight strabismus remained.

Marietta progressed to walking and running, and she achieved perfect health. By age 3, she had grown in height, chest size, and head circumference. She was fluent in her native German and had begun to understand English and French. At age 4 she graduated from the Intensive Treatment Program and was accepted to an international school in Germany.

Recently Marietta's mother wrote:

> *"I am happy and proud to let you know that Marietta just graduated high school with excellent grades. Her best subjects were Math and German, where she reached the highest grades you can get. We are very thankful that we were able to attend the* What To Do About Your Brain-Injured Child Course *18 years ago and to do the Intensive Treatment Program for almost four years. During her school life, Marietta was a very successful track and field athlete, too. Now, she is on a German dressage team and hopefully will compete at an Olympic level one day."*

Marietta's parents did not accept that their daughter would go through life blind and immobile. Instead, the family fought for her future and won. ■

Francesco: Trisomy 21

FRANCESCO WAS DIAGNOSED AT BIRTH with Trisomy 21 (Down syndrome) but defied that diagnosis many years ago. When he was born, in Italy, his parents were told that he would walk, but very late, that he would talk, but with extreme difficulty and that he probably would not learn to read or write. They did not accept this forecast. They traveled to The Institutes to attend the *What To Do About Your Brain-Injured Child* Course then joined the Intensive Treatment Program when Francesco was 15 months old.

Francesco began a full treatment program at home, including a physical program to improve his mobility, a reading program to help him reach his intellectual potential, and a closely monitored nutrition program.

The entire family did the program together. His parents explain, "We did the program with determination, enthusiasm, and cooperation, which strengthened the bonds among parents and grandparents, who helped us with the program."

Francesco made remarkable gains on the program. He quickly learned to read at a young age, became an excellent walker and runner, and his language consistently improved.

By the time he was five years old, his parents decided that he was ready to attend a school with children his age. They write, "The program helped Francesco overall in developing his intellectual potential. As a matter of fact he is a tireless, insatiable reader."

From the start, their goal for Francesco was that he would receive a university degree. His parents say now, "It all seemed like a dream when we began the program. Now the dream has become a reality, thanks to our perseverance and our faith in your programs that were designed for Francesco at every revisit." At age 22, Francesco earned his degree in economics, with his family at his side.

He began employment for a human resource company, traveling to work by train and getting along very well with his coworkers. He especially enjoyed rowing and was training with a team of scullers.

Prior to the 2006 Winter Olympics in Torino, Italy, Francesco proudly carried the Olympic Torch, a very emotional moment for his family.

Francesco continues to be an inspiration for the staff of The Institutes and families around the world. He has shown time and time again that Trisomy 21 (Down syndrome) does not define an individual's potential. ■

Tae:
Developmental Delay

TAE HAD A DIFFICULT START TO LIFE, having seizures soon after birth. She was quickly diagnosed with developmental delay. She crawled and crept poorly and did not walk until almost two years of age. Although Tae could say words when she was two, she was not able to speak in sentences until she was eight years old. At age four, she began anticonvulsant medication and physical therapy, but nothing helped her to improve.

At eight, Tae was in school but was behind her classmates in reading, understanding, writing, and phyiscal ability. At this point her parents attended the *What To Do About Your Brain-Injured Child* Course in Japan.

They returned home and began an intensive program that included hundreds of meters of crawling and creeping, learning to read in two languages, and a very good nutritional program. When evaluated at The Institutes, Tae was diagnosed with a severe, diffuse, bilateral, cortical and midbrain injury. She had already begun to improve from the home treatment program she accomplished before her first visit.

Soon her memory, reading, math, and writing advanced markedly, and she was detoxified from anitconvulsant medication.

While Tae continued on The Intensive Treatment Program, she twice traveled from her home in Japan to visit the Evan Thomas Institute International School, a school for well children on The Institutes campus in Philadelphia. Tae did exceptionally well in school, even learning English along the way, and she became an accomplished gymnast, an important part of her neurological organization propgram.

As a young teen, Tae passed the high-school entrance examinations. During her successful high school career in Japan, she traveled independently to live and study in Canada as well.

Tae graduated from high school, having done especially well in Japanese and English. She then went on to earn her university degree. After starting her career in social welfare, she met and married one of her co-workers.

Today, Tae is a mother of two young children. Tae's proud father now has grandchildren to teach, just as he and Tae's mother taught her as a little girl, guiding her towards a bright and successful future. They never doubted her potential, they never stopped searching for an answer, and when they found it they rolled up their sleeves and got the job done. ■

Pierre: Birth Trauma

From birth Pierre might have been destined for a very different future, but instead he has enjoyed a life of significant achievement in everything he has pursued.

His parents traveled to The Institutes from South Africa for one week in 1994, and returned home to change her son's future. The staff never met Pierre, but his mother wrote years later to say how his life was transformed by The Institutes program.

At birth the umbilical cord was wrapped around Pierre's neck. A few hours later he stopped breathing and had his first seizure. He was put on anticonvulsant medication.

Tests showed that Pierre had developed a massive blood clot in the cortex, and his parents were told that he would be physically impaired, with seizures and learning disabilities throughout his life. They returned to their small African rural town, devastated by the diagnosis and prognosis, and with nowhere to turn.

By chance, a Zimbabwean friend told the father about The Institutes for the Achievement of Human Potential. Soon the parents boarded a plane for Philadelphia, "not really knowing, if anything could be done about a brain-damaged child, but seeking a miracle."

After attending the *What To Do About Your Brain-Injured Child* Course, they returned home and immediately implemented all they had learned. They placed 9-month-old Pierre on his belly on the floor at all times, began patterning, and started a rigorous oxygen enrichment program.

They knew that giving Pierre lots of opportunity on the floor was essential for his mobility development, and every moment awake was dedicated to the program. "We were not content to label our child with learning disabilities and give up on him."

Mother wrote: "At times I found it frustrating to see how easily advances came to other children, but Pierre continually made breakthroughs, after much hard work on his part, and ours, one step at a time, he too would progress to the next developmental level." By age four, Pierre appeared to move almost normally, by five he was physically equal to his peers, and by six Pierre was winning athletic events.

Pierre was in the top 10% of his class throughout primary school, with his teachers never knowing that he suffered massive brain injury as an infant. He spoke English, Afrikaans, and French, and throughout high school achieved numerous academic and athletic awards. He sang in the choir, played the violin and piano, and was captain of the rugby team.

After high school, Pierre pursued a career in the French Foreign Legion, despite its difficult selection process. He was one of 45 accepted out of 953 candidates. Later he was accepted to the prestigious 2nd Foreign Parachute Regiment, and after completing over 20 jumps was awarded his paratrooper wings.

He has been selected as a Mountain Warfare Specialist and is qualified as a Military Skier and Mountaineer. He has earned two service medals for protecting the people of France. Pierre is clearly among the elite in whatever he does, determined to use his knowledge and abilities to protect the lives of others and to help make the world a better place. ■

■ *Pierre being awarded his paratrooper wings.*

Ferruccio: Cerebral Palsy

It's said that Ferruccio has been on The Institutes program "for a million years," but his journey in many ways has been The Institutes journey, leading the staff to develop new and better programs to treat brain injury.

Ferruccio's diagnosis was severe cerebral palsy, an old-fashioned term for an injury in the subcortical areas of the brain (a midbrain injury). Untreated, the midbrain-injured child begins to become tighter and tighter as he ages. In part, this rigidity is a result of a compromised respiratory system and poor oxygenation of the brain. As the body grows, so does the need for oxygen. If this need is not met, the child becomes more rigid and function is greatly compromised.

It was the plight of a severe midbrain-injured child more 60 years ago that so horrified Glenn Doman that he turned his attention from adult stroke patients to severely injured "midbrains." The thought of a child trapped in a prison the size of his own body for his whole life was deeply disturbing to him.

His Early Life

Ferruccio was born prematurely in Venice, Italy, to two physicians. By 3 months, his arms and legs began to become rigid. By 2 years, his parents knew their son was in trouble and they learned about the work of The Institutes. Eager to start treating him, they designed and began their own physical and intellectual program while waiting for their first appointment.

When Ferruccio was 3, the family had their first visit to The Institutes. Ferruccio was already beginning to read, but his biggest problem was tightness in his legs. His feet were rigid and his legs sometimes crossed.

Ferruccio's parents were clear that no matter what it took, their son was not going to spend his life in a wheelchair or watching his peers become capable while he did not. With an intensive program of stimulation and opportunity designed at The Institutes, Ferruccio progressed in crawling and creeping, and at 5 years he first walked the overhead ladder independently.

Pioneering New Programs

When he was 7, The Institutes developed a new program to improve respiration, and within months of starting this program, Ferruccio was walking an overhead ladder holding on with one finger instead of two hands.

The following year he walked eight steps, and after much hard work, he could walk for transportation and was awarded a walking victory at age 9.

Ferruccio was well ahead of his peers intellectually, but his walking was not yet normal. His walking was uncoordinated, with his knees bent, arms raised, and feet severely turned in.

Glenn knew that each day Ferruccio would grow heavier

and gravity would push him down. His knees would become increasingly bent and one day he would sit down and not get up again.

Glenn designed a program of walking in skis, so that Ferruccio would not be able to turn his feet in. After walking hundreds of miles on his skis, the position of his feet were almost normal.

Goals for Graduation

Glenn Doman proposed three goals for Ferruccio to graduate from the Home Treatment Program:

- Demonstrate a gymnastics routine in front of an audience
- Give an academic lecture in a formal setting
- Sing a song in public

Ferruccio worked incredibly hard to learn basic gymnastics. His upper body was very strong, since he had to compensate for the weakness in his lower body. He achieved his first goal very easily.

The second goal was the easiest. Ferruccio had learned English as a subject and through conversation, and he often acted as a translator for his parents. He proved to be a natural lecturer who has since given lectures to parents, the Evan Thomas Institute students, and members of The World Organization for Human Potential.

It took longer to accomplish the third goal. His articulation was not perfect, which made singing difficult. Six months later, Ferruccio sang “O Come All Ye Faithful” in Latin, and his goals for graduation were fulfilled.

University Life and Beyond

Ferruccio never sat in a classroom until he was 18 years old, because he had been too busy doing his program every day. He took the National College Entrance Exams and did extremely well, particularly in mathematics. He was accepted to the Faculty of Mathematics and Science at the University of Padua.

He attended classes three days a week, traveling by water bus, train, bus, and walking. Two days a week he borrowed notes from fellow students, who also recorded the classes. Ferruccio would listen to the audiotapes while continuing his program at home. The first year was difficult, with more than half the students failing and dropping out of the program, but Ferruccio thrived and advanced easily to his senior year. He next completed his master’s degree before completing his doctoral degree in computer science.

Dr. Ferruccio continued to study as he lectured and published several scholarly papers, and was accepted as the member of the Faculty of Computer Science of the University of Bologna.

While presenting a mathematical lecture at a conference in Philadelphia, he met with The Institutes staff and answered questions about his journey.

What was the best thing about the program?

“Most assuredly, the significant changes in the mobility field and having achieved major results for my efforts and dedication in their application.”

What is your advice for children doing the program?

“To have faith in the program, which is the only path to take to improve, and to try to do it as cheerfully as possible.”

Why do you think the program is so important?

“The program is vital for the hurt child not because it turns the child into a well child (everybody is happy about that) but because it produces progress that allows this child to reveal a potential that severe injury would leave unexpressed.”

Dr. Ferruccio teaches the master’s course in Theoretical Computer Science at the University of Bologna. He has not spent one minute in a wheelchair or one second watching others have a life. He has fulfilled his parent’s dream for him and now his goals are his alone.

“A million years” on the program, and still he continues some part of the program on a regular basis. For him it’s a way of life. ■

Oratory Mural
Donated to The Institutes

For over 35 years, Richard Rappaport's large and vibrant *Oratory Mural* has provided artistry and inspiration for the staff and families of The Institutes. While the mural was originally on loan from the artist, Richard Rappaport has decided to donate the 14-foot by 25-foot triptych to The Institutes as a permanent installation.

1967 – Detail of the Oratory Mural - Escape Through the Desert

The director of The Institutes, Janet Doman, commented, "We are deeply touched to have this beautiful and important work donated by Richard. It has been beloved since the day it was installed. Thousands of parents and visitors have admired it. We cannot imagine the Veras Building without this piece in it, and now we never have to do so."

The piece was commissioned in 1966 by Father Philip Walsh of the Pittsburgh Oratory as a triptych for their proposed retreat house. He arranged studio space for the artist in the former chancellery behind St. Paul's Cathedral in Pittsburgh, where the artist painted the canvases on the floor in its Gothic library.

The mural was ultimately declined and remained rolled up for 20 years, but through the auspices of Michael A. Roosevelt, a fellow artist and friend, the mural found a home at The Institutes for the Achievement of Human Potential in 1987.

Born in 1944 in Pittsburgh, Pennsylvania, Richard Rappaport is a classically trained painter of portraits and large-scale works that employ iconic figures. In the tradition of painting as an act of remembrance, he has used Christian iconography to represent the Holocaust, the Nigerian Civil War, and the war in Vietnam.

Richard Rappaport at work on the Oratory Mural.

He attended the Carnegie Institute of Technology (now Carnegie Mellon University), where he obtained a Bachelor of Fine Arts in Painting and from 1964 studied under the guidance of Robert L. Lepper. In 1981 Rappaport received a Master of Fine Arts from Brooklyn College. He has won numerous awards and since 1966 his work has been nationally and internationally exhibited. He has also written many papers on artistic technique, theory, and inspiration.

When donating the *Oratory Mural* to The Institutes, the artist described the elements depicted in each panel (shown on this issue's cover):

The left-hand panel (from top to bottom):

Man's danger to Man (in the cloud at the top)
The Escape Through the Desert (his title in lieu of Flight into Egypt)
Nature's Dangers (the lion-like creature at the bottom)

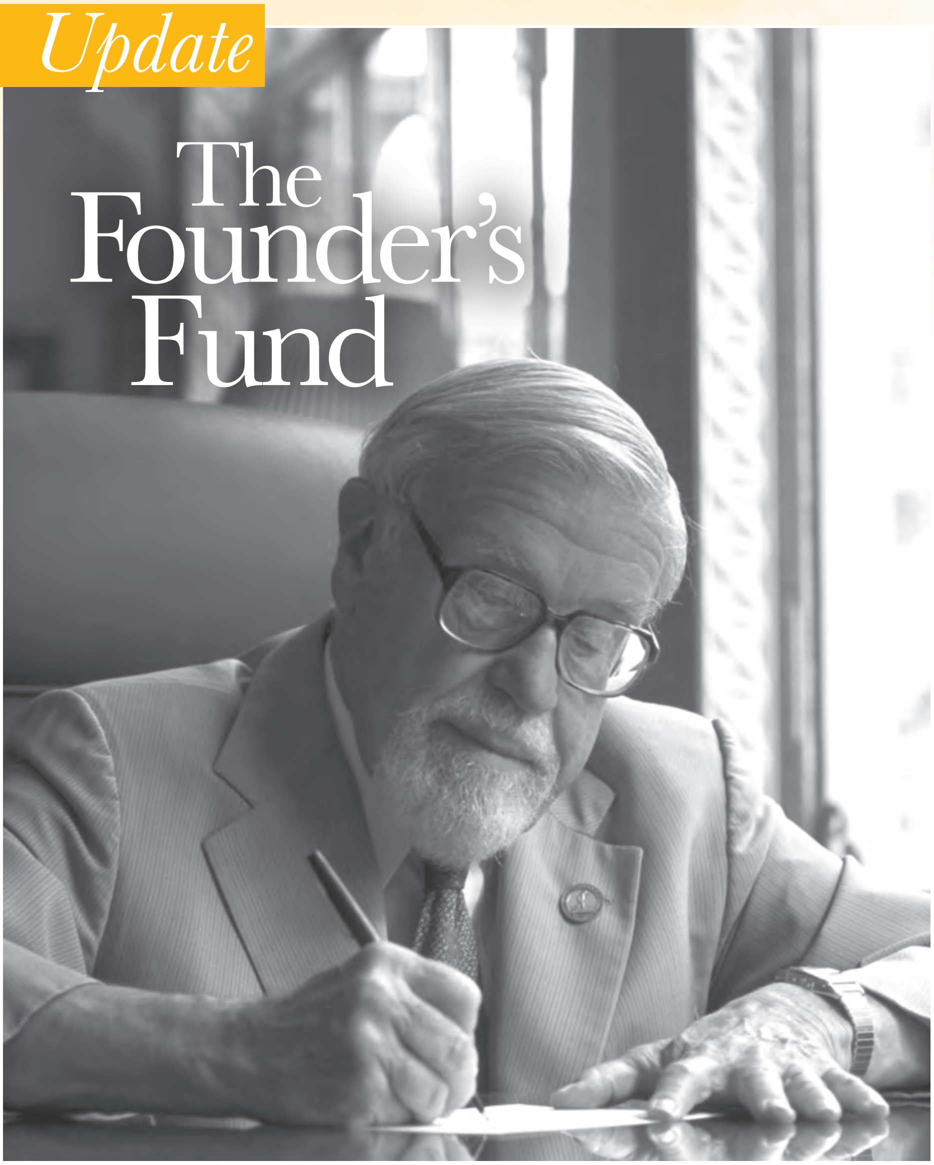
The center panel (from top to bottom):

Baptism
Loaves and Fishes
The Annunciation

The right-hand panel, characterized as the "beginnings and awareness" panel:

Top right depicts Adam and Eve in the Garden of Eden
Elizabeth and Mary embrace as they meet at the Golden Gate ■

The Founder's Fund



Help ensure that the work of The Institutes is available to generations of children and parents in the future.

In 2009, the Founder of The Institutes, Glenn Doman, celebrated his 90th year. The Institutes Board of Directors honored the legacy of this great and unique man by establishing a fund to strengthen our foundation, ensuring that his work will endure well into the 21st century and beyond.

For the last few years, we have been actively seeking to raise $18 million from individuals, foundations, and corporations who want to make the world a better place. To date, over $4 million has been donated by some very generous donors.

Has the work of The Institutes enriched your life or the life of your children? Do you want other families with children both hurt and well to have the same opportunity that you may have had? This is the moment to look inside your heart and reflect on all the work that has been done to help children and that will be done to benefit generations to come. Your support for The Founder's Fund will help to ensure the future of the vital work of The Institutes.

We are making great progress, but we have a long way to go to meet our overall goal. On the following pages you'll find listed the names of those who have generously given to The Founder's Fund. We thank each and every one of our donors for their generous gifts. Won't you join them? ■

On these pages we gratefully acknowledge the generous donors to The Founder's Fund

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Mr. William Stewart Graham
Dr. Giulia Guidi
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Mr. Ren Ishii
Mr. Michael Joseph
Ms. Yukie Kamino
Mrs. Rose Kieller
Mr. Kenneth H. Kerr
Mrs. Caroline Estey King
Mr. Wilbur Kline
Mr. & Mrs. Fremont Knittle
Ms. Teruko Koide
Mr. Kavan Kumar
Ms. Hernita Kurniawan
Ms. Catherine Kwong
Mr. Andre LaCour
Mr. Larry Lai
Mr. Luke Lambert
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Mr. & Mrs. William Lee
Mr. & Mrs. William Linarelli
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Musings From The Dean

In Awe of Our Parents

• *First Published Vol. 25/No. 3* • *July/September 1997*

From all over the world they come, from Italy, Japan, and Mexico. From Belgium and Germany and Greece. From Poland, England, and Ireland. From Turkey, Israel, and Gaza. From India and Indonesia…and from all of the States of the Union.

During the past decades they've come from one hundred seven countries. Well over fifty thousand parents have come in behalf of their hurt children.

In recent years, they've come to attend the *What To Do About Your Brain-Injured Child* Course. Nearly all of these parents have seen the top health practitioners and conventional therapists in their native countries and foreign lands as well. They have visited these places searching for an answer to a problem that, universally, has been described to them as "hopeless."

Ultimately, the most determined of these parents have found their way to the *What To Do About Your Brain-Injured Child* Course in Philadelphia or to the video course in Italy, Japan, Mexico, India, Russia, or Singapore.

This course, in the simplest terms possible, devotes nearly fifty hours of lectures to answering the question "What can I do to help my child?"

These parents are driven by intense love for their children, a love not diverted by expressions of hopelessness and despair. They are what founder Glenn Doman often characterized as *"la crème de la crème."*

These fathers and mothers form the greatest student body in all the world. They listen more attentively than the most avid scholars prepping for their final exams, and they put into action what they have learned. They know why they've traveled vast distances; why they've foregone luxuries and activities of lesser importance. Fired by an unrivaled love for their brain-injured children, they have their priorities straight: first, get their kids well, and then attend to other business.

Throughout the week, the fifty-minute lectures are designed to provide the parents with a clear understanding of child brain development. The lectures are separated by ten-minute breaks that give parents the chance to ask questions of the staff of child brain developmentalists.

By the end of the week parents have gained the solid understanding of their child's condition that they have traveled so far to acquire.

Our parents never give up hope. No matter where they go, nor with whom they speak, they have always heard the same despairing diagnosis: "The brain cells responsible for your child's function are dead; therefore, the function that they would have performed were they alive will never occur. Accept it."

One frustration that parents share about their past experiences is the reiterated reassurance that the passage of time will take care of everything. "Just be patient," they are advised. As a mother explained: *"We've been told again and again that 'time' is what's going to cure our son. Just give him time, and he'll catch up. Now I know that time is his enemy; and we're not going to waste any more time."*

One of the single most important lessons that parents take from the week is that "Brain injury is in the brain." One mother commented, *"Those therapists were all well meaning people; it's just that they weren't treating the injury, they were treating the symptoms."*

The philosophy, rationale, procedures, methods, and techniques of child brain development, together with live demonstrations, constitute the course curriculum. Following is a small selection of parent comments concerning the course.

"I learned that The Institutes Developmental Profile can …

… *be used as a diagnostic instrument."*
… *be used to reevaluate the child, to see whether there's been any improvement."*
… *show you where an injury is located."*
… *indicate whether an injury is severe or mild."*
… *show whether an injury is all over the brain, or in a single location."*
… *show whether an injury is on one or both sides of the brain."*
… *indicate what the appropriate treatment procedures are."*

"I learned that the brain . . .

…has billions upon billions of brain cells and that the connections between these cells are nearly infinite, and that if certain cells become injured and die, it's possible for other cells to take their place."

Concerning brain growth, "I learned that ...

... if I apply visual, auditory, and tactile stimulation to my child, it will help her brain grow."

... I have to apply stimulation with frequency (many, many times), with intensity (louder and stronger than he would normally receive it), and with duration (over a longer period of time than unhurt kids would receive it)."

... the stimulation has to be carefully selected according to the way the brain grows and develops."

On consistency

"I've learned that I have to be consistent, or it won't work."

"It's very important to be persistent."

"Do it consistently and with a lot of enthusiasm."

Regarding reading

"I learned that reading is a neurological event, a brain function."

Concerning seizures

"I learned that liquids can cause seizures and hyperactivity, and my son drinks gallons a day."

"I look forward to detoxifying my son. He's on both a sedative and stimulant; he doesn't know whether he's coming or going.

Concerning the importance of the family

"You're talking about the family, and I realize that that's the only strength I need. I will definitely enlist everyone."

"I think it will bring our family closer together. There isn't anything we wouldn't do for our son."

From parents who are physicians

"It's amazing how you teach sophisticated neurology to people, information that you never get in medical school."

"I learned how to treat a hurt brain and that is invaluable. That was worth my thirteen years of medical training, all in one week."

The love and respect that the staff feels for these superb parents intensifies when parents go home and initiate programs to help their brain-injured children. For some, this alone will create substantial changes in their child. For others, the logical step is to join the Intensive Treatment Program, in which the staff evaluates and designs the optimal program for the child every six months.

Each time the course is given, our goals intensify—our determination to learn more about the brain strengthens and our desire to teach more effectively grows. ■

by Neil Harvey, Ph.D., Dean (Emeritus)

The Temple Fay Institute for Academics

About the Author

Neil Harvey, Ph.D.

Neil Harvey was a broadcaster and educator whose career as an announcer in the early days of television evolved into a scholarly pursuit of new ways to advance children's achievement. As a television announcer in the Philadelphia area, he believed that television had the potential to benefit people.

In the late 1950s, The Institutes for the Achievement of Human Potential and its work with brain-injured children caught Neil Harvey's attention, who then earned a Ph.D. in early childhood education and pediatric neurophysiology. After joining The Institutes staff, Dr. Harvey served as president of the World Organization for Human Potential and as dean of the Temple Fay Institute for Academics.

In addition, he contributed to *The IN-Report* by chronicling the significant events of The Institutes in a column entitled "The Historian's Corner." He engaged readers on a wide range of topics in his other column, "Musings from the Dean." In 1994 he authored the book *Kids Who Start Ahead, Stay Ahead,* which examines the effects of early childhood learning after children entered school. □

New & Updated Courses & Programs for Families of Well Children

The past three years have been a period of changes and innovations at The Institutes for the Achievement of Human Potential. We launched online courses, new programs, and online events to better serve our parents of well children.

Launched the Online *How To Multiply Your Baby's Intelligence Course*

The *How To Multiply Your Baby's Intelligence Course* has been presented on our campus since 1978. This five-and-half-day course is designed for parents with well children. It teaches how the brain grows and how to create an enriched environment at home for their children from birth to six years old.

In 2020, we launched this course online. Participants can attend this course from the comfort of their homes. At the end of the course, many say it was a life-changing experience that exceeded their expectations.

In order to create a similar experience as an on-campus course, we mailed well-curated course boxes to participants, created online communities that connect participants, and built an Off-Campus Program that supports course participants to implement programs after the course.

Redesigned the Graduate Course Series

In the past, the Graduate Course was held as a five-day course on our campus. We brought this course online and split it into a series of 8-hour courses based on a specific topic. We have held the Social Excellence, Physical Excellence, and Nutritional Excellence Courses, with additional topics planned for the Series.

GRADUATE COURSE: SOCIAL EXCELLENCE

This course begins with an in-depth look at fairness and justice in the home. As the young child develops, he or she needs an environment that is 100% fair and 100% predictable when it comes to ethics, rights, and rules. In this course, we discuss these issues philosophically, then take a very practical look at our simple but effective social growth program.

GRADUATE COURSE: PHYSICAL EXCELLENCE

This course aims to take the physical program from the *How To Multiply Your Baby's Intelligence Course* to the next level. This course starts with the development of respiration and how important it is to all functions for the young child, underlining the value of a solid physical program. We then introduce the Human Development Program, balance development, running, swimming, and gymnastics. This course concludes on the note that instead of competition, the physical program is to help children become stronger and to continually improve individually.

GRADUATE COURSE: NUTRITIONAL EXCELLENCE

This course takes a comprehensive look at nutrition. We review nutrition from birth to 12 months, then teach parents how to create a balanced program that consistently provides ample protein, fat, and carbohydrates for their child at any age. We focus on how to provide clean and safe food and how to prevent or reduce the harmful effects of pollution. Parents learn how to plan a healthy menu and how to prepare food simply and safely.

Introduced the Newborn Course

The Newborn Course is designed for expectant parents, and parents with babies 12 months and younger. This 8-hour course details each stage of a baby's development, providing vital information about appropriate stimulations for the sensory pathways and giving effective opportunities for developing mobility, language, and manual competence.

The course focuses on teaching parents how to evaluate their baby's progress and how to strengthen areas that may be developing slowly and enhance areas that are developing quickly. Parents learn how to communicate with their baby, which allows them build a stronger bond right from birth. This knowledge creates a better quality of life for the baby and for parents. The goal is for our parents to be confident that they can create a happy, safe, supportive, and enriched environment for their baby at home.

Initially launched as a one-day online course, we quickly realized that a course of two half-days is friendlier for expecting mother and new parents.

Relaunched the Off-Campus Program

With the progress in online courses and new technology, we launched a new Off-Campus Program. This program is designed as a support system for parents who graduated from the *How To Multiply Your Baby's Intelligence Course*. It guides parents to successfully begin and carry out an effective home program at the level that is right for their family. Parents are supported through one-on-one consultations, teaching materials offered by the staff, and an online community of parents and staff.

Launched Alumni Zoom Parties

Since we are holding our courses online, it encouraged us to become more creative about staying connected with our families. In September 2020, we launched a monthly Alumni Zoom Party for graduates of the *How To Multiply Your Baby's Intelligence Course*. We host this event on the first Friday of each month, with the staff teaching parents a new topic every month. Parents are able to share their experience and tips on the topic, and the staff answers parents' questions.

This event not only allows us to provide continued educational information for parents to implement their home programs, but it also helps parents to stay connected with each other and to exchange ideas and inspiration. More importantly, with regular sharing from staff and parents, it inspires parents to take their current program to the next level. We have covered a variety of topics at the Alumni Zoom Parties:

Reading Program
Physical Program
Math Program
Encyclopedic Knowledge Program
Social Growth
Nutrition
Music
Foreign Language
Demonstration & Sharing
Parenting Tips & Organization

Formed the Alumni Membership

This membership is open to The Institutes worldwide family. It allows parents and friends of The Institutes to stay involved and continue to learn about what is happening at The Institutes, while supporting its mission. Members can join on a yearly or lifetime basis. They receive access to online events, such as the Alumni Zoom Party, and a monthly newsletter for members only. They are invited to register early and receive a discount for the Graduate Course Lecture Series. Additionally, members receive bookstore discounts on select books and materials, and they receive The Institutes journal, *The IN-Report*. ■

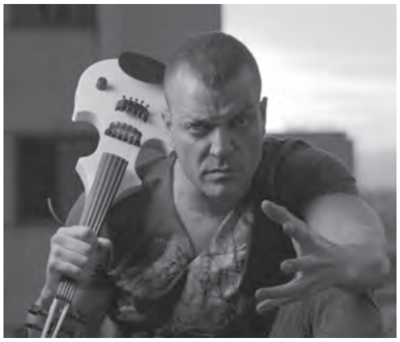
Where Are They Now?

Founded by Janet Doman in 1975, the Evan Thomas Institute was established to help tiny children achieve intellectual, physical, and social excellence. Through years of experience with brain-injured children, The Institutes staff had acquired new insights into how children learn and develop, and they began to teach parents how to easily and joyfully teach their babies at home through books, courses, teaching materials, and videos.

Since its beginning, the Evan Thomas Institute has grown to include newborn programs, early development programs, off-campus and on-campus programs, and The International School.

The students of the Evan Thomas Institute have followed many different paths through life. Here is a snapshot of some of these individuals as ETI salutes The IN-Report on its 50th year. ■

Micah



I was in the first class for well children at the The Institutes. This, along with my parents, led me on the path to where I am today. I would not be the international violinist and entrepreneur that I am without the push and support of my parents, as well as the educational building blocks I received from The Institutes. These gave me the well-rounded knowledge to become adaptable to any and all situations I come across in life.

Known as “Micah the Violinist” I have toured the world 10 times over performing with the world’s top artists and DJs. At my 360 music studio in Barcelona, Spain, we have produced music for movies, TV, events, DJs, and artists worldwide.

My daughter, Alexandra (5), began singing at 16 months, and has sung live at large concerts and on television. She and her brother, Leo (3), have acted in TV commercials and aspire to be a singer/actor/musician. Both excel in sports and their private education.

I believe that you must work hard to achieve your goals, and that you appreciate it that much more when it comes with blood, sweat, and tears.

Jason

My journey in the last 20 years has been quite exciting, and a dream come true. After college, I built a successful technology business before starting my film production company, Delphia Entertainment, whose three feature-length films have won awards and are distributed globally. My newest company, Spinnr, helps combat loneliness and isolation brought on by the pandemic by offering a video friendship platform that helps people find new friends and engage in fun activities with them.

I’ve mentored entrepreneurs and speak at universities and events. Through my mobile and web development company, I’ve helped museums, universities, nonprofits, and businesses build their dream platforms. Using a startup guidebook I wrote, I created a course that I guest lectured at the University of Pennsylvania's Wharton School. I was honored when Pennsylvania House Resolution 974 passed, naming a day after my nonprofit, The King's Highway Foundation, and its accompanying documentary film.

I've enjoyed traveling around the world with friends and family, while being as creative as possible. I'm proud of everything I've accomplished, and I can't wait to see what exciting opportunities lie ahead on this wild and wonderful journey we call life!

Chip

For nearly 30 years, I have been an IT leader and technology innovator in academic, clinical, research, and healthcare settings. After graduating from ETI, I shared my passion for technology as the Computer Science sensei in The International School for 20 years. I earned a BS in computer science and an MS in Project Management, with a Graduate Minor in Creativity and Innovation.

I especially enjoy spending time with my wife, Nati, and our children, Alan and Ana. We regularly visit cultural and historic sites and attend concerts and sporting events. We have traveled extensively in Spain and the Eastern United States. I enjoy reading, exploring nature, and participating in Citizen Science projects.

My family, primarily my parents, instilled a love of learning in me. In ETI learning was fun, and fun was learning. There were no exams and there was no pressure to pass a test. Senseis motivated us and designed fun-filled project-based learning activities that made learning joyful. Shakespeare taught us literature. Asimov taught us Science. Audubon and Durrell taught us Natural History. Descartes and Newton taught us Mathematics. Turing, Hopper, and Papert taught us Computer Science. Jefferson, Franklin, and many others taught us history.

Alan and Ana

My wife and I implemented The Institutes program with both of our children from birth. Both attended the Early Development Program and The International School. We had many wonderful years sharing this time with our kids. They are second generation ETI alumni.

Alan graduated from The International School in 2017. Alan then completed an internship at the Academy of Natural Sciences and studied in Spain at the Veritas Institute in Madrid. Upon his return to the United States, he was accepted into the Drexel High School Scholars Program and completed five courses at Drexel while completing his high school studies. Currently Alan is studying business along with a minor in music at Drexel University. Alan has taken up songwriting and is a passionate piano player. He is currently working as a field marketing manager for his first co-op job in Philadelphia.

Ana is now dual-enrolled in community college while completing her junior year of high school in the honors program. She was also able to dual-enroll in her Pennsylvania high school while attending classes in Madrid, Spain, this past year. Last summer, she completed a full-time internship at a Spanish immersion Pre-K school in Ardmore, Pennsylvania

These educational experiences are directly attributable to the experiences from ETI and The Institutes programs, which provided a solid foundation in academic excellence for our kids.

Michelle

I and my husband, Jeremy, are celebrating 20 years of marriage and have two children, Cooper (15) and Ella (13). When they were young, I worked with Bits of Intelligence as well as constantly exposing our children to new experiences, and attribute their current success in school to this

early learning.

One of my favorite activities is gardening, which has led to my dream job at Primex Garden Center in Glenside, PA. This job allows me to use my Landscape Architecture degree and plant knowledge on a daily basis. I credit the time I spent with my parents in their garden as a child as well as my Natural History studies in ETI to my love of the plant world.

Alison

After graduating from ETI, I worked and taught in the school, which began my love for teaching. I was homeschooled through high school and had the opportunity to attend college and travel to different places, including Japan and Spain. I earned a master's in education and I have been teaching for the last 26 years, primarily with an online school where we focus on students reaching their fullest potential. Teachers partner with parents to create personalized learning plans. We focus on each individual student and family, to provide them with an engaging and interactive learning experience, very similar to the philosophy of The Institutes.

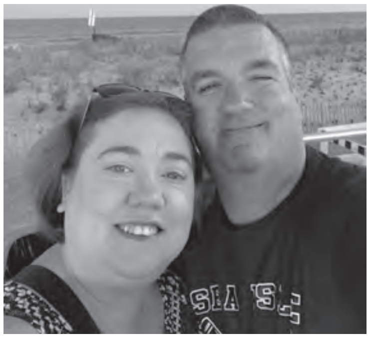
My husband and I have a blended family of 7 kids and 5 grandkids. As most of our children are now older, we live with our youngest, 15-year-old twins Joey and Katie. They are now in high school and it is a joy to see them starting to explore their unique interests and how they have developed. It has been wonderful to use my experiences from ETI to share the joys of learning with both my children and my students.

Neal

I'm living these days in Los Angeles, California, where I work as an attorney. Above all else, ETI taught me "how to learn," and it gave me the confidence that I could master almost anything as long as I used effort, discipline, and joyousness in that pursuit. I still use this approach today in all aspects of my life, and my life is richer for it. Growing up, I assumed that this was how everyone approached the world. But time has taught me how rare and how precious these skills truly are!

I'm grateful to everyone at The Institutes, and send my very best congratulations on 50 years of The In-Report. Wow!

Ginette



The International School was a wonderful foundation. Who wouldn't love studying Shakespeare and getting to perform a play every spring? Camping at the Pioneer Institute supplemented the love of Natural History my entire family enjoyed as an integral part of our home program. My family still loves Natural History and we share bird or animal sightings via our group chat, seeing who can identify the species first. This year, I was excited to share an Eastern Bluebird sighting. My early education also influenced my love of music. My family had many musicians, and it was wonderful to be able to play with my mom, brother, and sister, but also grandparents, aunts, and uncles. I still enjoy playing my violin when the opportunity arises. Since ETI, learning has been a way of life. I earned a degree in biological sciences with a music minor and currently work as a business analyst. My husband, George, and I love spending time with our nieces and nephews, reinforcing the joy of learning and their individual interests. My youngest nephew loves looking at Bits, especially of musical instruments and birds, and it's great to share this with him.

Adam

After leaving ETI, I attended high school in Greensburg, PA. I was able to play on the football team as well as the competitive swim team, going to the state championships two years in a row. I then attended Allegheny College graduating with a BA in History. I decided I wanted to be a certified teacher in Pennsylvania and I earned my master's degree from Seton Hill University and became certified in Special Education K-12.

For the past 15 years, I have been working as a learning support teacher for the Westmoreland Intermediate Unit. I love my job and I'm happy that I chose this profession. In 2008, I married April, and we have two children, Brooke (10) and Brady (6). We are very happy and very busy with activities that include gymnastics, karate, and baseball.

Tylisha

I am a mom to four beautiful children. After high school, I obtained my B.A. in Strategic & Organizational Communication from Temple University, and my M.A. in Professional & Business Communication from La Salle University, and I am working towards my Ed.D in Educational Leadership & Management at Walden University. Currently, I work as a senior student success counselor at Thomas Edison State University.

When my kids were younger I used the Bits of Intelligence to teach them to read and count. It was extremely beneficial, as all of my children are either on the honor roll or in gifted programs. I am truly grateful for the educational foundation from ETI that helped me excel and now will help my children as well.

Remy

I am working as a project manager for an HVAC company in King of Prussia, PA, and I freelance in prop/costume design and makeup artistry (influenced by doing Shakespeare and The Mikado at The Institutes). When possible, I assist my mother, who runs a nonprofit retreat center in Kennett Square.

As a brain-injured baby who transitioned into the well program in ETI, I have carried many things from that experience, and in my late teens I took the *What To Do About Your Brain-Injured Child* Course from Glenn Doman. The ability to problem solve and my exposure to the wide array of learning areas has been invaluable as my career has advanced, and definitely aided in promotion to management positions at a young age. When my stepdaughter (13) was very young, I began a social program and did the reading program with her, both with good results. She is a kind, compassionate person and a fabulous artist. I draw from my ETI experiences on a regular basis, and have great memories, my favorite being our time at the Pioneer Institute, which led to my love of nature and hiking to this day.

Carolyn

I am a global marketing manager following my graduation from Lafayette College. In addition, I am a Purebarre exercise instructor. Married in 2020, my husband, Eric, and I have an infant son, Chase.

I grew up learning with the methods of Glenn Doman and The Institutes. It's taught me to be an avid reader, critical thinker, and well-rounded adult. As a new mother I instantly bought the *How To Teach Your Baby To Read* book and started the home reading program with my beautiful son. I hope that he can benefit from the Doman learning method the same way I have. The Institutes really changed my family's life, and I'm glad to see you all are still helping families.

Victoria

After earning a degree in business, I spent one year on a professional track and field team in Italy throwing hammer, and playing on the national cricket team in Italy, winning the European summer tournament in 2014. Seeking a new adventure led me to work for the UN in Afghanistan, after which I returned to Philadelphia to work in healthcare consulting. I changed my sport of choice to Olympic weightlifting, winning a national championship in Rome in 2019; this year I hope to reclaim my title and set a national record.

My time in Afghanistan sparked a passion for medicine. I am pursuing a doctorate in Osteopathic Medicine at PCOM in Philadelphia, planning to specialize in Physical Medicine and Rehabilitation. I am working on creating an augmented reality application for other medical schools and plan to make it free for medical students to help learn physiology, especially EKGs, neurology, and renal physiology, all of which are notoriously difficult to learn. When possible I spend time with my friends, either training for our next competition, running, biking, or swimming.

Priscilla

Currently I am president of Bridges to Wholeness Education Group and The M&E Institute for Mentorship and Academic Excellence. After earning a degree in music at The College of New Jersey, I spent 10 years teaching and performing around the world as a violinist and violist. Now I am a rising third-year student at Rutgers New Jersey Medical School, where I serve as a preceptor for high school students and as mentor for students from grade school until medical school. I have held many speaking engagements, board positions, panelist, and facilitator positions, and my research has been published in the American Journal of Clinical Dermatology. A current research project aims to decrease infant mortality in low-resource countries. I'm training in mental health coaching and have been trained to assist asylum seekers from a medical perspective.

As a kid I loved to read through my mom's nursing textbooks. Spending time with my mom and caretaking for my great-aunt and grandma influenced my path, as did learning an instrument at a young age. However, the overall cultivation of the love of learning and the freedom to do so is what has influenced me most greatly.

Lindsay

I currently live in North Wales, PA, with my mom, dad, sister, and brother, and I have another brother who lives in Philadelphia. I attended Montgomery County Community College and earned an associates degree in liberal studies, then transferred to Penn State University, where I graduated with a bachelor's degree in history. Currently I am a client strategy associate at a mobile marketing company called Attentive, where I manage a book of clients. Outside of work I like to read, attend various Meetups, run, and play cello with the Ambler Symphony. I also like to travel and have most recently been to Ireland and Canada.

Through my experiences in the Evan Thomas Institute, I became a well-rounded individual and developed a curious spirit, which led me to a lifelong interest in history, a career in the technology industry, and a consistent connection with musical performance.

Joshua

I am an assistant vice president within the Chief Investment Officer at Bank of America, specializing in multi-asset portfolio research and management. I received dual degrees in music & finance at The College of New Jersey and continued my education with several financial designations and certifications. I have enjoyed being a leader and mentor for various character development organizations across the US.

I perform as an alumni with the Stretto Youth Orchestra of Princeton, sing, and serve as choir director at my church. My love of music has turned into seeking the understanding of music and its historical context. As a child music was a critical part of my early development, whether through playing the violin, cello, or piano, or singing. Now as I have matured, I realize that music is a representation of the mind, body, and soul. Therefore, listening to a piece by Beethoven is a window into those three aspects. However, the question arises of what and why it means something. That idea of understanding a composer's pieces, or now applying it to the investment and geopolitical landscape, is to understand what, how, and why of everything I seek to comprehend. ■

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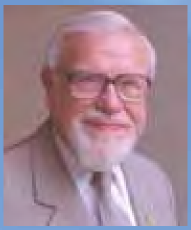

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