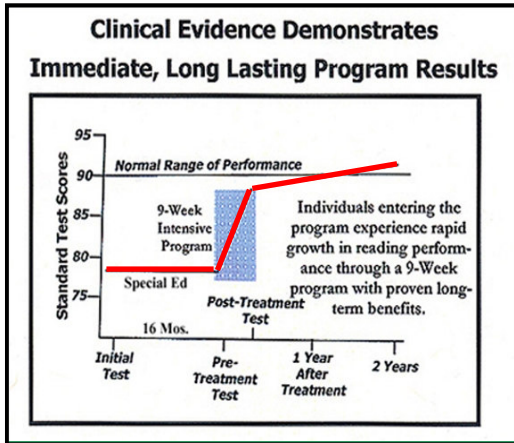


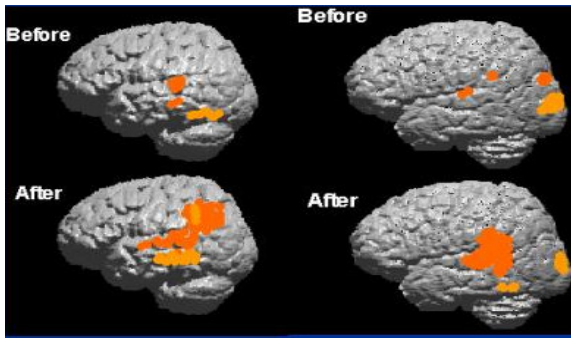
## RESEARCH FINDINGS ARE ROBUST

PHONOLOGIC INTERVENTIONS FOR THE PREDOMINANT LANGUAGE/LEARNING DISABILITY (*DYSLEXIA*) RESULT IN SIGNIFICANT BEHAVIORAL AND NEUROPHYSIOLOGICAL GAINS.



Data from NICHD sponsored research conducted by Torgesen J, Alexander A, Wagner R, et al 2001 (*J Learn Disabil* 2001;34:33-58)

Left hemisphere imaging of 2 subjects demonstrating the decreased activation before intensive phonological intervention and the normalization of the activation after treatment



Images from Simos PG, Fletcher JM, Bergman E, et al (*Neurology* 2002;58:1203-1213)

**DYSLEXIA** — What research reports:

- Weak phonological processing (the ability to perceive/process the distinct features of the individual sounds in words) accounts for the problem
- Strong family history of language and learning disabilities—atypical neuronal migration
- Constitutes **80%** of learning disabilities
- **>50%** have co-occurring neurologic difficulties in attention, executive function, sensorimotor and /or psychiatric domains

## Additional Resources for Information on Language/Learning Disabilities

Visit these web sites for more information on learning disabilities:

[www.LearningDisabilityCenters.org](http://www.LearningDisabilityCenters.org)  
[www.Idonline.org](http://www.Idonline.org)  
[www.interdys.org](http://www.interdys.org)

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Gainesville, FL 32607

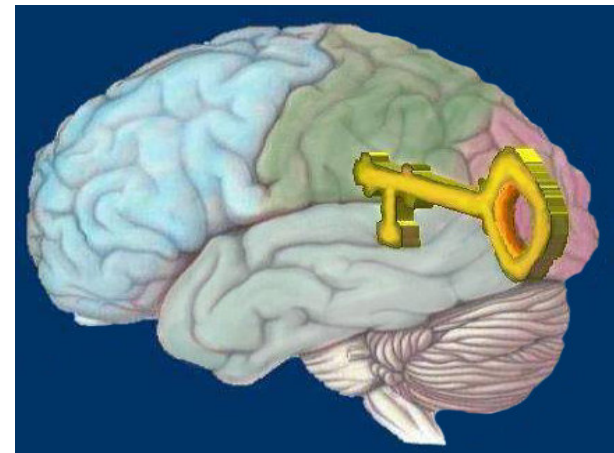
**Tel:** (352) 332-2629

**Fax:** (352) 332-3012

[www.LearningDisabilityCenters.org](http://www.LearningDisabilityCenters.org)

*Mc*  
**The Morris Center**

for  
**Neurodevelopmental  
Assessment  
and  
Treatment**



**UNLOCKING POTENTIAL**

**Informational Brochure for Professionals:  
Providing an Overview of Our Center**

## Why are we qualified?

- Established in 1986 to meet community needs for an interdisciplinary approach to learning problems.
- Because our neurologically based language intervention yielded such robust results, we were invited to team with Joe Torgesen, PhD, a leading researcher in the field of dyslexia and reading.
- Awarded NICHD research grants for 10 years to scientifically evaluate interventions for 120 Alachua County students with severe reading disabilities.
- Results were robust for both immediate and long term (1-2 yrs) gains (*findings demonstrated that, with these severe dyslexics, optimal control of attention was essential for long term maintenance*).
- In our private practice we have followed over 600 patients during the past 17 years, some through college. With their acquired ability and hard work, they have achieved the academic performance they desired.

## How do we work?

- The Center model is based on principles of neurologic rehabilitation
- Identify patient's strengths and weaknesses impacting learning ( > 50% have more than 1 area impacted)
- Identify family support system needs
- Provide recommendations and possible resources for treatment
- Treatment at the Center is medically based: *interdisciplinary, individualized, and intensive*
- Prevention for the "at risk" preschooler: the earlier the better. Screen, evaluate, treat daily, train parents, coordinate with preschool. Treatment hours vary, but significantly less than those required for intervention.
- Intervention for the struggling school age child: the earlier the better. Evaluate, treat intensively (4-5 hrs/day for 6-9 wks), educate parents, coordinate with schools (*elementary and middle school students take a medical leave of absence – older students are treated in the summer*)
- Ongoing guidance and support for "bumps in the academic road"

## Treatment Components

- **Language:** The Center uses a combination of multisensory language therapies to remediate and strengthen a patient's specific language difficulties. Phonological awareness difficulties are the predominant problem in most patients. Our language therapists are skilled in the use of a scientifically proven systematic therapy program designed to develop the pre-reading foundation in phonological processing - the Lindamood Phoneme Sequencing Program (LiPS®). In addition to the LiPS, other interventions address comprehension and expression difficulties. Intervention is intense, daily for 3-4 hours/day, in keeping with tenets of cognitive rehabilitation.
- **Sensorimotor:** Research shows that many individuals with dyslexia have sensory/motor difficulties that compound their deficits. Patients generally receive occupational therapy (OT) services one hour per day in order to optimize their progress. Sensory/motor deficits may include oral-motor difficulty, motor planning difficulty, fine and gross motor delay, visual perceptual delays, somatosensory deficits and/or sensory hypersensitivity.
- **Medical:** Because our patients typically have neurologically based disorders, medical evaluation and treatment monitoring provide a complete picture of the patient's neurodevelopmental needs. Other medical conditions may co-occur with L/LD such as ADHD, anxiety disorders and/or depression. The MD assesses and treats these conditions, should it be necessary. Coordination with the patient's primary care provider is an essential component of treatment.
- **Behavioral:** Children with L/LD commonly suffer a low self esteem stemming from repeated frustration and failure. The Center staff focuses on developing good working behaviors and a sense of confidence as the children strengthen their weaknesses. With the mastery of the skills they lack, the children develop a strong sense of **competence** and enhanced **self esteem**. Psychological counseling is provided to those patients presenting with a comorbid psychiatric condition. Also, the family is educated about the child's neurological strengths and weaknesses and about behavior management to ensure that good working behavior is maintained after treatment.

## What Makes Our Program Different?

### Comprehensive

- \*Systematic, multifaceted screening, assessment and treatment for prevention and intervention
- \*Continued follow up and support for academic or emotional hurdles during school years after the intensive treatment has ended
- \*Family education component
- \*Coordination with school and primary care providers

### Interdisciplinary—in one location

- \*Speech-Language Pathology
- \*Occupational Therapy
- \*Education
- \*Developmental/Behavioral Pediatrics
- \*Psychology
- \*Child Psychiatry

### Intensity

Research has shown that intensity of treatment directly relates to outcome – the more intense, the better the outcome. When treated daily, the gains far exceed those resulting from equivalent hours of therapy received 1-2 days/week. Thus, it is not only **time-saving**, but **cost-efficient**.

### Individualized

Treatment is designed specifically for each patient, depending on the results of the comprehensive evaluation. The patient is treated on a 1:1 basis and treatment plans are adjusted on a daily basis.

### Follow-up Support

To be sure that skills become automatic, patients come to our "Transitional Unit" 2-4 times/week for approximately ten weeks. The purpose of this is: 1) to ensure that the patient is using the newly acquired skills in his daily school work, 2) to establish optimal working behavior and organizational skills, 3) to generalize and reinforce the newly acquired language and sensory/motor skills; and 4) to help the patient become **independent** and **self-confident**.

### Medical Component

A physician is an integral part of the evaluation and treatment team. This neurological expertise ensures that all aspects of neurodevelopment are being considered. If a child has an attention deficit, the physician has access to hourly measures of attention, optimizing medical management.