



Frequently Asked Questions

1. Q: What is the Brain Balance Program®?

A: We are specialized achievement centers that utilize a drug-free, multi-faceted approach to address the underlying issues in many of the behavioral, developmental, and learning disorders that plague the children of our generation. Children who benefit from Brain Balance™ do not have to have a diagnosis, but often exhibit characteristics of ADHD, High Functioning Autism, Dyslexia, Learning, Behavioral, and Processing Disorders, Tourette's, OCD, and PDD among others.

2. Q: Why are the Brain Balance Centers only for children?

A: Our principles and methods could be applied to adults, although it would be a slightly different approach. At this time, we feel a moral and ethical responsibility to put our best efforts towards stemming the current epidemic in childhood neurobehavioral disorders.

3. Q: Does a younger child, with a developing brain, have a greater chance of improvement than an older child with a fully developed brain?

A: The developing brain is more likely to change, but the potential to change is the same. Research has shown that we never lose our ability to improve brain function or even grow new brain cells; however several factors affect the changeability, or 'plasticity'. Motivation and full commitment to our program play a big role in gaining desired results and are sometimes more important than a child's age. For instance, older students have routinely achieved dramatic results when they were motivated by a desire to improve in sports, school, or socialization.

4. Q: What if someone does not have access to a local Brain Balance Center?

A: Many families from around the world have temporarily relocated to attend Brain Balance™; however, this is not an option for everyone. For this reason, Dr. Melillo wrote his book, *Disconnected Kids*, to serve as a guide for parents. The book lays out the fundamental principles of the Brain Balance Program®, gives parents a simple way of assessing their children and suggests exercises and activities to do to stimulate change.

5. Q: It's said that Brain Balance Centers employ a unique "multi-modal" approach. What is this "multi-modal" approach?

A: The Brain Balance Program[®] combines sensory-motor training and specific cognitive activities with nutritional support to achieve optimum brain and body function. Our approach improves each function individually and becomes progressively challenging and integrative, as each child's gains are realized. Since function precedes development, a solid foundation is necessary to further develop strong behavioral, emotional, and cognitive skills.

6. Q: What is Brain Balance's[™] understanding about the cause of these disorders?

A: The Brain Balance[™] philosophy regarding these disorders was adopted from the Cofounder and originator of the Brain Balance Program[®], Dr. Robert Melillo. Research shows that the connections in brains of children with these disorders are different from side to side. The weaker hemisphere is under-connected, with a majority of the connections being local; the stronger hemisphere, on the other hand, has a greater number of long connections. This under-connectivity coincides with slower processing as well. The brain processes information through electrical impulses. As the brain grows and matures, these impulses become faster and more efficient. When one hemisphere of the brain matures at a faster rate than the other, the result is an imbalance in rhythm, timing, and electrical frequency. Proper function and integration of information requires both halves of the brain to be perfectly synchronized. It is this desynchronization, or functional disconnection, which creates difficulty processing information, functional deficits, and developmental delays. Think of it as a boat with two sets of rowers, one paddling on the left and the other on the right. If one set of rowers paddle more quickly it causes the boat to go off course. Generally speaking, as a child grows, complementary skills lateralize and develop on opposite sides of the brain. For instance, one side becomes responsible for helping your child with fine motor skills (like handwriting), while the other side is responsible for gross motor skills (like running.) One side helps your child with math calculations, while the other side helps with math problem solving. Sometimes, when one side is underactive, the opposite hemisphere becomes extremely efficient in processing information. When it is faster than what is expected for the chronological age of the child, we observe unevenness in skills, the most extreme of which are savant skills sometimes seen in autism.



7. Q: Who is Dr. Robert Melillo?

A: Dr. Robert Melillo is the originator of the Brain Balance Program®, Co-Founder of the Brain Balance Centers, and author of the parent book, *Disconnected Kids and Re-Connected Kids*. Dr. Melillo is an internationally known lecturer, author, researcher and clinician in the areas of neurology, rehabilitation, neuropsychology and neurobehavioral disorders in children. He is also an expert in nutrition with over 20 years of clinical experience. Dr. Melillo's years of research and personal interest in neurobehavioral challenges in children led him to publish his first textbook, *Neurobehavioral Disorders of Childhood: An Evolutionary Perspective*, and to develop Hemispheric Integration Therapy (H.I.T). H.I.T. formed the foundation for the Brain Balance Program®.

8. Q: If Autism, Asperger's, ADHD and the like are summarized as a "right brain" deficiency, then why is it that so many with these disorders excel in what some feel are typical "right brain" creative arenas, such as playing musical instruments and artistic expression?

A: There is a common misbelief that the right side of the brain is only geared towards creativity and the arts while the left side of the brain only deals with logic and mathematics. The fact is that both sides of the brain are "artistic" as well as "logical" in their own capacity. When we talk about creativity, the right side of the brain is involved with novel ideas and completely new experiences. The right brain is responsible for creating new things and abstract concepts. Therefore, the art of a person with a high functioning right brain is abstract, new, and unique. Alternatively, artistic expression that involves drawing an existing image or "copying" what already exists in the world is a strong left brain trait. Left brain artists lend themselves well to impressionistic styles of art, such as landscapes, still life, and portraits. These styles require a tremendous amount of fine motor skill and dexterity, which is also a trait of the left brain.

In music, the same holds true. Areas such as musical composition, reading sheet music, and playing an instrument are primarily left brain activities because of the high frequency and repetitive nature of those types of musical endeavors. However, when a musician creates his own music, and does not rely on sheet music, he uses more of his right brain to do so. So, as you can see, it is not the category of activity such as music or art that defines a hemispheric strength or those capable of excelling within it, but rather the type of music or art that is created and how it is created.



9. Q: Are we facing a real epidemic with these disorders or is it just a case of improved recognition?

A: Researchers from the UC Davis M.I.N.D. Institute published a study in the journal of Epidemiology, in January 2009. The study found that the seven-to-eight-fold increase in number of children born with autism in California since 1990 cannot be explained by changes in diagnostic criteria, nor by the way in which the cases are now counted. Specifically, only 56% of the 600-700% increase could be attributed to the inclusion of milder cases of autism. Only 24% of the increase could be attributed to diagnosis at an earlier age. In total, only 120% of the total increase could be attributed to improved diagnosis. It also found that this rise shows no sign of abating. The results suggest that future research needs to shift from genetics to environment, such as the host of chemicals and infectious microbes in the environment.

In summation, this study showed that while there are small increases due to improved diagnostic ability and the inclusion of mild cases of autism, these factors only attribute to 20% of all the increased incidence of autism in children born with autism in California since 1990.

10. Q: Is this program covered by insurance?

A: No. The Brain Balance Program® is a non-medical, drug free program that focuses on physical, academic, behavioral, and nutritional improvements. Our protocols do not require a licensed health professional and are not considered "therapy". Brain Balance Centers are supplemental learning centers, therefore, are not covered by health insurance.

11. Q: Is this program tax deductible?

A: Typically, our services are considered nonmedical and are only tax deductible if the child currently has an IEP through his or her school district. The program falls under the same category of having a special needs child tutored for his or her individual disability.

Many parents have been able to pay for the program through their flex spending accounts. As each state's regulations may be different, a professional accountant should be consulted.

12. Q: How can I help my child at home?

A: Each child receives an individualized program of supplemental activities to be performed at home. These activities are given to support and to further the functional gains made during sessions. The Nutrition Program is also tailored to support your child's functional gains, keeping in mind his or her specific food sensitivities. Behavioral strategies are necessary to create structure and a home environment conducive to continued behavioral and developmental growth.

13. Q: Why does each child have different activities to perform?

A: The Brain Balance Program[®] addresses specific functional weaknesses. Each program is unique just as each child has a unique combination of affected brain regions and the severity of imbalance. Responses vary from individual to individual, so your child's functional abilities are repeatedly evaluated. Every time your child comes into Brain Balance[™], we assess their progress and make adjustments to the program accordingly. This approach allows us to ensure that your child is being pushed to his or her limits, but never beyond. Children enjoy this process because they are not being asked to do anything significantly beyond their ability. This unique process helps to build success and self esteem, while allowing for recognition of improvement. There are enough similarities and synergies designed into the program to enable us to have two children work together. Paired children perform similar activities at various difficulty levels and move from station to station collectively and smoothly. Social skills are enhanced when they interact and mirror one another's movements. This mirroring and interaction helps to stimulate the areas of the brain that guide the development of natural social skills. Socialization cannot be "taught" consciously, as a child is taught Mathematics or English. Socialization is something that develops subconsciously through experience and awareness of nonverbal communication.

14. Q: What is the training of individuals working with my child?

A: The staff members at Brain Balance Centers are well trained and have a variety of experiences. Each staff member receives extensive training provided by the Brain Balance[™] organization prior to working with any students or family members. Brain Balance Corporate has created extensive training manuals that detail every aspect of each staff member's job responsibilities. Many hours of individualized instruction and supervised observation occur with each staff member. This includes role playing of various situations as well as the implementation of program and testing procedures.



Staff members gradually start to receive hands-on experience working with the children while supervised by another, more experienced, staff member. When we believe the individual is properly trained, he or she will then be allowed to work with the children during the full sessions. Each child will work closely with the Neuro-Academic Teacher who administers the cognitive activity plan. These teachers, often with a background in special education, will work with the children to guide, support, and evaluate them as they go through the cognitive activity sessions. Sensory Motor coaches are responsible for the administration of each child's sensory motor activity plan. They assist and motivate the child to succeed in each activity throughout the session. Though not required, many coaches possess a degree in Physiotherapy, Psychology, Occupational Therapy, Sports Science, Audiology, Nursing, Chiropractic, Biology, or Health/Science Studies. When choosing the proper staff members, we find it important to assess their integrity, intelligence, and their desire to work with children to make a difference. No matter what the background, we provide extensive, ongoing training. As an organization, Brain Balance™ prides itself on continually improving its training systems in an effort to provide families with the best possible service and support.

15. Q: Why can't parents consistently observe the sessions?

A: By this time you have been to the Center, the sensory motor and academic rooms have been shown to you and explained. Please understand that the amount of time and frequency of session observation must be limited. First, the privacy of all students must be respected: each child is usually in attendance with another individual, and each individual has the right to privacy. Secondly, if the student knows that a guardian is watching, he or she may frequently become anxious and or distracted. This reduces the productivity of the session for each child in the room at that time.

16. Q: Why don't the teachers or coaches speak to us after every session?

A: Each Brain Balance Achievement Center has directors who are responsible for discussing your child's progress during our program. Periodic meetings will be scheduled to review the child's progress and to answer any questions you may have. Our teachers and coaches are on a very tight schedule to ensure that each child's session is as productive as possible.

Our directors are in constant communication with our staff about the well-being of each child and will relay information about your child to you. Our Center is committed to providing the best service; an important part of that service is continual and



comprehensive communication with guardians throughout all stages of the program.

17. Q: Why does it seem as though my child is having more outbursts since starting the program?

A: It is not unusual that early on, or through the course of a child's program that he or she exhibits a new and possibly disruptive behavior. In many cases, this is a positive occurrence because it signifies that brain function is changing. It is also important to remember that certain areas of your child's brain are immature. As those areas are stimulated and begin to develop they temporarily steal energy and nutrition from areas of the brain that are more developed. This may reduce the function of the more mature areas for a period of time. For example, as the areas of the frontal lobe, which involve cognitive functions, are stimulated, the child may revert to wetting his or her bed for a short time.

Poor socialization, poor emotional expression or regulation and the inability to read others stems from one's inability to feel one's self. Most of the children who begin the Brain Balance Program® do not feel their bodies very well. Certain areas of the brain give each of us the ability to feel where we are in space and to appreciate both our internal and external sensations. These same areas allow your child to feel emotions as well as the ability to read body language and emotions on others.

As the brain is stimulated and the spatial ability improves, the child begins to feel his/her body and experience emotions he/she has never felt before. Each child needs to learn to understand these feelings; therefore, this may initially lead to emotional outbursts or fluctuations of emotions that he/she have not previously displayed. Children may also start to express more independent thoughts, likes and dislikes as any child would. This may appear as oppositional, defiant, or negative while in fact, it is a significant improvement in brain function and maturity. During each session all sensory and motor functions are measured; as those functions improve, any behaviors associated with those changes also represent a positive change.

This is why the Brain Balance Program® is so focused on measuring function, rather than documenting only behaviors. Behaviors can be confusing if they are not looked at in the context of function. If function improves, eventually behavior will improve, and symptoms will be reduced.



18. Q: My child is currently on Risperdal and we want to take him off the medication. Do you think this is a good idea and how do you think we should go about it taking him off his medication?

A: Brain Balance Achievement Centers are Supplemental Learning Centers. We are not health care facilities. It is our official policy not to comment on medication PERIOD! This decision is strictly between the parents and the child's doctor; it is not our place to comment either way. This being said, many of the children we work with have their doctors reduce or eliminate their previously prescribed medicine.

When medication is effective in reducing a child's hyperactivity, impulsiveness and attention problems, most parents tell us that they see a clear difference when this medication wears off. As children progress through our program parents gradually see less of a difference between when the child is medicated and un-medicated. This often prompts a discussion between the parents and the doctor who prescribed the medication. The doctor, at that time, usually decides to start to reduce the medication and after a brief length of time the doctor in many cases may decide to stop the medication completely.

19. Q: What happens at the end of the program?

A: During the course of the program, we have worked extensively with you in an effort to positively influence the home environment. The importance of good nutrition and exercise has been stressed and you have been warned of adverse effects of too much computer, T.V., and junk food. Upon completion of the program, this positive environment needs to continue. You will also be provided with home activities and exercises that will help maintain and even create more positive change. It is important to remember that the progress your child makes during the program does not stop when the program ends. Progress will continue to manifest itself for months and even years to come. We hope that you and your child have learned the importance of adopting and maintaining the environmental changes implemented during the program. In order for us to monitor these changes, a yearly re-evaluation is encouraged. This will help us to tweak activities to ensure continued development.

20. Q: Is it true that some children need to repeat the program?

A: Yes, a certain percentage of children need more than 12 weeks. This depends upon how low the child's initial functions are and the severity of his or her brain imbalance.



Upon completion of your child's program, a repeat of the original assessment is performed. This enables us to quantify the progress your child has gained throughout his or her program. This report details the changes in all the functional areas initially tested, however, this pales in comparison to the real life changes parents witness in their child and family. After discussing these changes we then formulate a plan for your child's continued positive development. This plan may include another twelve week term if your child hasn't reached the proverbial top of the mountain.