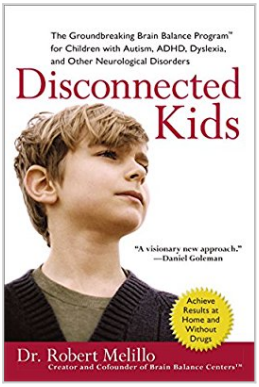

Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders

By Dr. Robert Melillo

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The proven, drug-free program to treat the cause-not just the symptoms-of autism spectrum disorders and related conditions.

Each year, an estimated 1.5 million children-one out of every six-are diagnosed with autism, Asperger's syndrome, ADHD, dyslexia, and obsessive compulsive disorder. Dr. Robert Melillo brings a fundamentally new understanding to the cause of these conditions with his revolutionary Brain Balance Program(tm). It has achieved real, fully documented results that have dramatically improved the quality of life for children and their families in every aspect: behavioral, emotional, academic, and social. *Disconnected Kids* shows parents how to use this drug-free approach at home, including:

?Fully customizable exercises that target physical, sensory, and academic performance

?A behavior modification plan

?Advice for identifying food sensitivities that play a hidden role

?A follow-up program that helps to ensure lasting results

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Editorial Review

Review
"**Disconnected Kids** offers a visionary new approach for helping many children with brain-based problems. These valuable clinical insights add much to our tool kit for caring. "
—Daniel Goleman, *Emotional Intelligence*

"Dr. Melillo's thesis and proposed intervention give hope to all affected parties (children, parents and clinicians) that neurobehavioral disorders of childhood can be eradicated one day in the near future by relying primarily on behavioral and cognitive treatments."
—Metapsychology Reviews

"I found the book to be very interesting and informative, including case studies of children he claims have been cured of some of these disorders, as well as checklists of ways to identify whether or not your child may have a brain deficiency or delay and what side of the brain may be involved. It does seem to bring a ray of hope, as many of us have come to believe that there is no cure for disorders like autism."
—HealthCentral.com

"I HIGHLY recommend reading this book! It was very enlightening to me. I do believe that his philosophy on these disorders is accurate and his approach to helping them is valid."
—Sensor Ease

About the Author
Dr. Robert Melillo, the creator of Brain Balance Program™, is an internationally known chiropractic neurologist, professor, researcher, and expert in childhood neurological disorders. He has been in private practice since 1985 and opened his first Brain Balance Center™ on Long Island, New York, in 1998. There are now 66 centers across the country, with more opening ocerseas in the coming year. His study, “Autism Spectrum Disorder as a Functional Disconnection Syndrome – a Model for Rehabilitation” will be published in The International Journal of Neuroscience later this year.

Dr. Melillo is president of the Foundation for Cognitive Neuroscience and executive director of the F.R. Carrick Institute for Clinical Ergonomics, Rehabilitation and Applied Neurosciences, a non-profit university-based brain research center dedicated to researching methods and products to assist victims of brain injury, chronic pain, and other neurological and neuro-behavioral challenges. He lives in Rockville Centre, New York, with his wife and three children.

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INTRODUCTION

Stopping the Worst Childhood Epidemic of Our Time

■

I keep on picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody's around—nobody big, I mean—except me. I'm standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start to go over the cliff. I mean if they're running and they don't look where they're going I have to come out from somewhere and catch them. That's all I'd do all day. I'd just be the catcher in the rye and all. I know it's crazy, but that's the only thing I'd really like to be.

—J. D. SALINGER, *THE CATCHER IN THE RYE*

■

We live in a world and a time of great contradiction. On the one hand, we are experiencing unprecedented advances in technology. The world's information is literally at our fingertips. We can access high-tech entertainment on a giant screen in a flash. We can communicate with anyone anywhere in the world with a smartphone.

Yet at the same time, we are experiencing an alarming escalation in the number of children who cannot fully function in this world because they don't have fully functioning brains. Today, there are some 21 million children who have been diagnosed with severe attention, behavioral, or learning problems. Every day thousands more are being diagnosed with ADHD, autism spectrum disorder, dyslexia, Tourette syndrome, obsessive compulsive disorder, bipolar disorder, or other frightening conditions that confirm that something is not right in the brain.

This is an unprecedented phenomenon and the most important health issue of our time. Just a generation ago, autism was considered a rare disorder that was diagnosed in about 1 out of every 10,000 children born in the United States. Six years ago, when I first published *Disconnected Kids*, 1 out of 150 children was being diagnosed with autism. Today, the rate of children being diagnosed with an autism spectrum disorder is 1 in 68, including 1 out of every 42 boys. Other conditions are skyrocketing at a similar rate. ADHD is now considered the most common childhood health problem of any kind worldwide and the most common childhood mental issue, with kids as young as three years old being prescribed Ritalin or Adderall. These statistics are making headline news everywhere almost daily, yet no one is explaining *why*. Why is this happening? How can we stop it? What can we do about it?

When I first started researching neurobehavioral disorders back in the nineties as a parent of a child with ADHD and as a neurology expert, I was very frustrated by the lack of good, accurate information that could explain what was happening in a child's brain. When I asked professionals, I got vague answers about chemical imbalances and genetics and little else. When I read books, I found that they all said the same things. They reviewed the symptoms and then related a number of case histories and examples. They talked about basic treatment with medications. They said these conditions were mostly genetic and couldn't be cured. That was about it. They never clearly stated what the actual problem was and how it produced the symptoms of ADHD, autism, dyslexia, and other disorders. In fact, they were even unclear as to what the actual symptoms of these disorders are.

I began to realize that the lack of real concrete answers was due to the fact that they didn't have real facts as to what these problems are and what is causing them. I could find no single, established neurological theory that was accepted and used in the scientific or educational community. What I did know and could clearly see was that the problem was increasing dramatically. It was obvious to me that whatever we were doing was not working.

Einstein once said the definition of insanity is doing the same thing over and over and expecting a different result. After a while I realized that the reason I was having difficulty finding an answer was because there is not a single answer.

Childhood neurological dysfunctions share many features in common and are often referred to as learning disabilities or behavioral disorders, implying that the primary symptoms affect only behavior and that the rest of development proceeds smoothly and without incident. This is not the case. Each disorder is complex and often involves every system of the body. Science, however, doesn't take a whole body approach to seeking a solution. It has been searching for a solution by focusing on what appears to be the major issue. With ADHD, they say it's an attention problem or impulsiveness. Dyslexia is a reading problem. Autism is a socialization and communication problem. No one has been looking at the other issues these children have—problems that could help provide clues to the underlying cause. But I did, and I could see that they involve every system in the body, not just the brain. That's how the Brain Balance Program was born.

These disorders may manifest with different symptoms but they are really one and the same problem: a brain imbalance. There is even a name for it—Functional Disconnection Syndrome, meaning areas in the brain, especially the two hemispheres of the brain, are not electrically balanced, or synchronized. This electrical imbalance interferes with the ability of the two hemispheres to share and integrate information, meaning the brain cannot function as a whole. The result is that a child with a brain imbalance has normal or even unusually good skills associated with the higher-functioning area or side of the brain, and unusually bad skills associated with the underactive area or side of the brain. The problem seems to come about because one side of the brain is maturing at a faster rate than the other. As the child develops, this imbalance becomes more significant and the two hemispheres can never fully function as one. The brain is functionally disconnected. Fix the disconnect—that is, get the immature side of the brain to catch up to the other side—and the symptoms go away. So does the disorder.

This is what the Brain Balance Program does and why it is so revolutionary. Despite the program's success and all the scientific studies proving how and why it works, most professionals have not changed. They are still approaching and treating each of these conditions as a single condition—*and* they are content to only treat the symptoms, instead of arresting the problem. I have found that most of these children have a combination of many different symptoms that include sensory, motor, cognitive, academic, emotional, and immune challenges, as well as dietary and digestive problems. As I said, they involve basically every system of the body.

The Brain Balance Program addresses all these symptoms by stimulating the slow side of the brain without affecting the other side through a series of sensory-motor and sensory-academic exercises that address the symptoms of the individual child along with dietary, nutritional, and behavioral changes. It gets the two sides to integrate and start working as a whole. There is no other program like it in the world.

Unfortunately, most parents of children with developmental neurobehavioral disorders do not have a good understanding of the nature of their child's dysfunction. They do not understand what is wrong with their children and why they are behaving the way they do. They are also led to believe that there is no solution to the problem. The best fix, they are told, is through medication that will mask the symptoms but not make them go away.

I have been working with children who are labeled with these disorders since 1994 without drugs or other medical interventions and I know *all* symptoms *can* be resolved. ADD, ADHD, dyslexia, and even autism, among others, can become a thing of the past.

Parents and teachers need to know not only that this is possible but that they can make it happen themselves. This is why I wrote this book. *Disconnected Kids* not only offers a clear understanding of what is going on in the brains of children today, but also gives parents and teachers the power to correct it on their own.

Disconnected Kids is based on the same principles of the Brain Balance Program that are being used in the Brain Balance Achievement Centers that can now be found in more than eighty cities around the country. When I first published *Disconnected Kids*, in 2009, just a little over 1,000 youngsters had successfully experienced the program. Today, that number tops 20,000. It is the most successful and comprehensive program available anywhere today. It is the only truly holistic approach to the brain, and the only one that addresses all the symptoms that are troubling these children. *Disconnected Kids* is the culmination of my research and what I hope to be the catalyst to stopping this epidemic that is threatening the mental health of children around the world. It is intended to provide a clear understanding as to what is going on inside the brains and bodies of the children who are victims to this epidemic. It is also intended to empower everyone involved in the lives of these children to do something about it.

Since *Disconnected Kids* first came out, there has been a lot of remarkable research conducted around the world as to what is causing this epidemic rise in childhood neurological disorders. Most of it points to our environment—the way we choose to live our lives and the toxins and chemicals that surround and bombard us daily—as the primary force behind the epidemic rise in these conditions. Understanding these causes, which I discuss in this new revision, is not only important in helping to correct the problem, but it also gives us insight into how we can stop it.

There is no more important social issue today. There is no greater problem that threatens the future of our country and our world than what is happening to the developing brains of our children. I have seen this problem coming, and I have created a program that will stop it. I believe that raising awareness through *Disconnected Kids* and giving parents real tools to take immediate action is the quickest way to make an impact now, before it is too late.

PART 1

DISCONNECTED KIDS

■

1

DIFFERENT SYMPTOMS, ONE PROBLEM

Understanding the Minds of Disconnected Kids

■

My teacher asked if anyone in the class ever heard of autism, so I raised my hand and said, “I have because I used to have autism.” My teacher said, “That can’t be because nobody *used* to have autism; you *have* autism.” Then I stood up and explained to everybody about Brain Balance and how it made my autism go away.

—BECKY, AGE TWELVE

■

A generation ago, you could go a lifetime and never cross paths with a child with autism. Today, it’s rare if you don’t know one, or know someone who knows someone who has an autistic child. Fifty years ago, a hyperactive and disruptive child was viewed as a “discipline” problem. Today, attention deficit/hyperactive disorder, commonly called ADHD, is the most prevalent childhood problem throughout the world. Fifteen years ago, most parents had never even heard of Asperger’s syndrome, bipolar disorder, or oppositional defiant disorder. Today, it is in the consciousness of most every parent of a school-age child.

Childhood neurological disorders—mostly described as behavioral, social, or academic dysfunctions—are rising so sharply that the Centers for Disease Control and Prevention (CDC) has declared the problem a “major health threat.” That is putting it mildly. According to the CDC, one out of every four or five children born today will be diagnosed with some type of behavior or learning disability before the age of eight. I believe the startling rise in these disorders is, in fact, the most serious threat to the health and well-being of our children that this country has ever faced and one that has been increasing in epidemic proportions. Consider:

Autism, which fifteen years ago was considered a rare disorder, is considered rare no longer. It affects 1 out of every 68 children, up from 1 in 88, or 29 percent, in just two years. In 2007, the nationwide rate was 1 in 150. And it strikes more than four times as many boys as it does girls. In the United States, 1 in every 42 baby boys born today will be diagnosed with autism before the age of three. In girls, it’s 1 in 189. According to one sixteen-year study, the number of males diagnosed with autism quadrupled and the number of females increased sevenfold over the last fifteen years.

ADHD is 10 times more common today than it was a generation ago. And it is expected to increase at a rate of 15 to 20 percent a year. The CDC points to studies showing that 11 percent of kids, or 1 out of 9 children and 1 in 5 high school boys, have been diagnosed with the condition, up from 7.8 percent in 2002. During an eight-year period ending in 2012, about 2 million children were diagnosed with ADHD, an increase of 42 percent during that time. Of those kids, 60 to 70 percent have been given at least one other diagnosis—something that is becoming more common with all of these conditions. For an approximate 30 percent of kids, ADHD will follow them into adulthood, when they are likely to experience other psychiatric disorders.

One in every five students, or 15 to 20 percent of the school population, has a language-based learning disability. Dyslexia is the most common type. It is estimated that 38 percent of fourth graders have “below basic” reading skills. Another 7 percent struggle so hard with math there’s even a name for

it—dyscalculia—and it's considered a neurological disorder.

Other disorders are increasing at the same rate. "Recent increases in reported autism diagnoses might not be unique among childhood neuropsychiatric disorders and might be part of a more widespread epidemiologic phenomenon," Danish researchers were already reporting in 2007. This study focused on an increase in Tourette syndrome, oppositional defiant disorder (ODD), as well as ADHD.

ADHD medications are the most commonly prescribed drugs for children. Doctors in the United States prescribe more drugs for ADHD than the rest of the world combined. The drugs are so commonplace they are even being dispensed for children as young as age three. Doctors write an estimated 20 million prescriptions every year for Ritalin alone. And this estimate is considered conservative. According to the CDC, nearly 70 percent of children with ADHD are on medication, even though it has severe side effects and its long-term consequences on the developing mind are still unknown. One study tracking the impact of ADHD medication found they offer no improvement on academic performance in the long term. Most recently, researchers from Johns Hopkins Bloomberg School of Public Health found a direct link between taking ADHD stimulant medications and obesity, saying that the drugs might be resetting biological properties and appetite parameters that could have lifelong effects.

One in every four children in special education has Tourette syndrome. In fact, doctors believe that this condition, characterized by uncontrolled verbal or muscle tics, is 50 to 75 percent more prevalent than once believed.

Today, children are twice as likely to receive medical attention for a mental health issue than they were fifteen years ago. The rate of mental health diagnoses among adults, however, has stayed relatively stable, although many believe the next epidemic wave will be adults with behavioral issues that were never dealt with when they were children. ADHD is now believed to affect 20 percent of the adult population. It, too, is on the rise. And the conditions that most commonly bring children to the emergency room are behavioral, anxiety, mood, and developmental disorders.

Today's kids are spending an estimated seven and a half hours a day staring at smartphones and tablets. And, studies are revealing, when they are playing with these gadgets, their brains are not processing information in a healthy way. It is now common to see two-year-olds or even younger with a smartphone or iPad in their hands as a substitute babysitter. Even though parents instinctively know that this is wrong, they are just following the crowd and often give their children unrestricted access to such media.

These statistics are staggering, to say the least. Yet here is a fact even more disturbing than the epidemic rise in the unhealthy mental state of our children: *The methods that doctors, psychologists, and behavior specialists use to diagnose and treat these conditions have not changed in more than fifty years.*

What's going on? Or more to the point, what's going wrong? There are, in fact, several things going wrong:

- The widely held, but erroneous, belief that conditions called autism, Asperger's syndrome, ADHD, dyslexia, and a host of other childhood neurological conditions are all separate problems with no acknowledged or explainable root cause, except, perhaps, that many children are genetically predisposed.
- The widely held, but erroneous, belief that there is no possible cure for these problems.
- The rampant use of psychiatric drugs on kids that mask symptoms but can't correct these problems, which are, in fact, correctable.
- Well-meaning teachers and other professionals who are using academic approaches that are actually making these conditions worse and may even be unknowingly contributing to the soaring statistics.

For the parents of a child with a behavior, social, and/or learning disorder, the diagnosis can be devastating. Typically, parents are told that there is no known cause for their child's problem—that, most likely, it is genetic, which makes them feel even worse. But the final blow comes with the prognosis: *There is no cure.* For some children, parents are told, the symptoms may subside over the years; but on the other hand, they could also get worse. At best, the condition can be controlled with medications—psychiatric drugs, they will eventually learn, with a laundry list of side effects for which long-term consequences are still unknown.

But psychiatric drugs don't cure the problem; they only disguise the symptoms. So, parents are advised, talk to the school, talk to your child's teacher. See a psychologist. Be loving, understanding, and patient. Learn coping techniques to manage the problem because, they are warned, neurobehavioral and neuroacademic dysfunctions can get better but they will never disappear. But I can tell you that they *can* disappear. They *do* disappear and I have the fully documented proof on thousands of children to prove it. It's called the Brain Balance Program, a revolutionary nonmedical approach that effectively corrects the underlying problem common to the entire spectrum of seemingly disparate childhood neurological dysfunctions.

NEW DISCOVERY IN BRAIN SCIENCE: FUNCTIONAL DISCONNECTION SYNDROME

The Brain Balance Program is based on our clinically proven findings that the way your child's brain functions today is not necessarily the way that it has to function for the rest of his or her life. We have found that many children can recover from disorders such as autism, ADHD, Asperger's syndrome, dyslexia, and others when their unique developmental needs are met and the underlying causes of these disorders are addressed. Even children with the severest forms of these disorders have the capacity to improve behaviorally and academically and learn skills that will enrich their quality of life.

Neuroscience has long understood that in order for the human brain to function wholly, large areas of the brain as well as the left and right hemispheres continuously use electrical impulses to communicate. This is essential because each hemisphere performs different functions that allow us to react to the world in which we live. More recent research, however, shows that when the two sides of the brain do not mature at the same rate, the electrical impulses between the two sides get out of balance and interfere with communication. Proof now exists that this communication problem is responsible for a myriad of behavioral, social, and learning difficulties.

Though medicine has traditionally classified these children as having a distinct disorder as defined by a set of symptoms—most notably autism, ADHD, Asperger's syndrome, and dyslexia, among others—new advances in evaluative capabilities and diagnostic imaging show striking similarities in the brains of children with these conditions. We can now see that virtually all of the conditions that adversely affect behavior and learning are actually related to one problem—an imbalance of electrical activity between areas of the brain, especially the right and the left hemispheres of the brain. There is even a name for it: Functional Disconnection Syndrome (FDS).

When you look deeply enough, you can find that children with these disorders share a number of symptoms. They are not coincidental. They are all signs of FDS, and they differ only in terms of the side of the brain that's out of balance and the severity of that imbalance.

The concept of a disconnection syndrome actually dates back to the end of the nineteenth century when scientists became aware that certain neurological conditions are the result of a communication problem between the left and the right hemispheres of the brain rather than an injury to one specific area. They found that this disconnect caused specific symptoms, like the kind we are seeing today. However, a functional disconnect is not the result of an injury to the brain. To me, this said that if the brain is not injured, then the disconnect can be fixed.

In order for the brain to function normally, the activities in the right and the left hemispheres must work in harmony, much like a concert orchestra. When a certain function can't stay in rhythm, it can throw the entire hemisphere off key, so the other side tries to tune it out. This can cause disharmony to such a degree that the two sides can no longer effectively share and integrate information. The brain becomes functionally disconnected.

A child with a slow-developing left brain, for example, will have different academic problems and display different behaviors than a child with a slow-developing right brain. He may not be able to read words or be able to stay focused on reading. A child with a right brain dysfunction may not look at you when speaking because the brain's ability to read body language is out of balance. The symptoms are different but the problem is the same—FDS. There are dozens of other examples, but in its most simplistic explanation, this is why your child does not appear "normal." In fact, when parents first bring this problem to the attention of a doctor or other professional, they often say that their child "seems disconnected." And they are exactly on the mark.

■ Disconnected Kids *Are* Different ■

CHILDREN with Functional Disconnection Syndrome are different from other children because they *feel* different than other children.

They are disconnected from their bodies. Most children with FDS do not feel their own bodies very well. They have no sense of themselves in space or a sense of feeling grounded. They appear clumsy and uncoordinated and have poor timing and rhythm. They have poor or abnormal muscle tone, which is displayed through poor posture and/or an awkward gait. Their eye movement is not like other children's. They may appear to be gazing into outer space or one eye may lack normal movement (what we call lazy eye).

They are disconnected from their senses. Most children with FDS do not fully experience all five senses—sight, hearing, touch, taste, and smell—which teach normal children to relate to and interact within the world. Many of these children cannot use more than one sense at a time. When they are forced to use multiple senses together, they become overwhelmed. They become easily distracted by anything they see, hear, or feel, which makes it impossible for them to focus. As a result, they become like slaves to their own environment.

They are socially and emotionally disconnected. Children who can't feel their own body movement cannot intuit the connection between movement and feelings. They can't interpret facial expressions or the tones in a voice that tell them what another person is thinking. Where others express emotion, they may remain stone-faced. This leads to social and emotional disconnection from others, making it very hard or even impossible to develop friendship or relationships with others.■

You see, these children seem different from typical children because they *are* different. They are different because they *feel* different.

Children with FDS don't physically feel the same, or think the same, as other children. They feel disconnected from their bodies and their senses. Some can't feel their bodies at all or don't have a sense of themselves in space. They feel disconnected socially and emotionally.

This disconnect is played out through what you see as unusual or disturbing behavior, ranging from impulsive actions and emotional outbursts to an inability to focus and social isolation.

Children with FDS have many traits in common. They often appear clumsy, have poor muscle tone, and may have an odd habit of tilting the head to one side or another. They may not like to be touched, or may be sensitive to certain sounds or smells. They get sick a lot because their immune systems are out of kilter and most are picky eaters because their digestive systems aren't functioning properly. The individual behavioral symptoms and learning problems that a child displays, however, depend on how the imbalance in the brain is manifesting. Our clinical research during the last fifteen years has found that, most often, there are three types of disconnect that can result in the symptoms of FDS:

- A decrease in electrical activity in areas of either the left or the right hemisphere.
- A higher-than-normal level of activity of areas in the higher-functioning (larger) hemisphere.
- A combination of decreased activity of areas in the weak (smaller) hemisphere and increased activity of areas in the higher-functioning side.

WHAT THE EVIDENCE SHOWS

In addition to the anecdotal evidence of the thousands of kids who have gone through Brain Balance, dozens of scientific studies conducted over the last few years by me and my colleagues, as well as others, support the validity of the Brain Balance Program.

In 2009, shortly after the publication of the original *Disconnected Kids*, my colleagues and I opened the nonprofit Children's Autism Hope Project, which is dedicated to studying children with neurological disorders and publishing the outcomes from various programs and treatments, including Brain Balance. Since then, my colleague Gerry Leisman, MD, PhD, and I have published more than a dozen studies and written chapters for at least a half dozen professional textbooks on FDS and how it relates to autism, ADHD, dyslexia, and myriad other children's neurological conditions.

One of our first studies, published in the *International Journal of Adolescent Medicine and Health*, followed sixty randomly selected kids who were enrolled in Brain Balance after being independently diagnosed with ADHD. The children went through our three-month multimodal program focused on stimulating the right side of the brain. At the end of the study, all the kids enrolled in the program showed improvement in more than one area of deficiency, and 85 percent showed statistically significant improvement in multiple deficit areas. Approximately 60 percent of them improved a minimum of two grade levels in various academic measures, and 35 percent improved four grade levels or better. Most impressive, 82 percent of them were no longer considered ADHD based on standardized testing criteria.

A subsequent follow-up study on more than 150 kids conducted in 2013 compared children with ADHD who went through the three-month Brain Balance Program to kids with the same handicap who did not go through the program. Dr. Leisman, who led the study, found that all the children in the treatment group "yielded significant improvement of greater than two years in all grade levels except in mathematical reasoning." They also displayed "a significant improvement" in behavior, according to assessment testing, and a lessening of hyperactivity symptoms. The nontreated kids remained virtually the same.

In 2010, I presented a paper to the European Society of Pediatric Research demonstrating that a functional disconnect exists in children with autism by comparing brain scans that measured electrical brain activity in both children with autism and typical children. We found that the electrical activity in the right hemisphere of the brain was significantly reduced relative to the left in the autistic children, but was normal in the others. There was also significantly less communication between the two hemispheres—a sign of an electrical imbalance between the two hemispheres due to a functional disconnection.

Also in 2010, we presented evidence at the Third International Congress on Gait and Mental Function in

Washington, DC, showing a direct correlation between balance and posture—both common problems in FDS—and academic and behavioral scores. We showed that an improvement in one was mirrored by an identical increase in the other. “The evidence is clear that these problems can be corrected both functionally and physically and these changes can be permanent,” the research concluded.

We aren’t the only ones demonstrating that there is abnormal growth on one side of the brain compared to the other in these neurodevelopmental conditions, and suggesting that other current treatments are off base and should be more closely aligned to the kind of work we are doing in a Brain Balance Program. For example:

- A study that compared 110 youngsters between the ages of 12 and 33 months with autism and 49 kids without the disorder found the autistic children were nearly a year behind typical children in fine motor skills, such as holding a spoon or a small toy. They were also about six months behind in gross motor skills, such as running and jumping. “For kids between one and three years old, those are substantial deficits,” noted Megan MacDonald, an expert on movement skills in autistic children, who conducted the study. Though treatment plans for autism typically do not focus on movement skills, she concluded that there is a need for including motor development skills in treatment programs. These skills are a major focus of Brain Balance.
- A 2014 study of fourteen autistic boys between the ages of six and fourteen with normal verbal functions revealed latent deficiency and slower processing in the right hemisphere of the brain compared to twenty-one normally developing boys, according to the *International Journal of Psychophysiology*—the same thing we repeatedly find in Brain Balance.
- A case study, published in the *International Journal of Neuroscience*, reported the effects of a multimodal hemispheric-based program similar to the Brain Balance Program on a child with a severe form of autism and mental retardation that most people believed impossible to change. The program, which stimulated specific weaknesses in the right brain, showed “significant improvement” in objective measurements of academic, social, and behavioral skills.
- In 2014, researchers using an imaging technique called functional MRI (fMRI) were actually able to see that connections between the right and left sides of the brain got stronger as fetuses grew older. “What we’re seeing is a picture of emerging connectivity that the right and left side are kind of building a bridge to each other,” said study author Moriah Thomason of Wayne State University School of Medicine. The research, though preliminary, should help provide the groundwork for understanding how and when brain development goes awry, concluded Thomason.
- Researchers from Carnegie Mellon, the University of California, San Diego, and the Weizman Institute in Israel found that problems with hemispheric synchronization between the right and left brains could be detected in children as young as one year old. They also found that the specific window of time in which the brain gets out of sync defines the type of symptoms a child will exhibit.
- The journal *Cerebral Cortex* reported a study in which researchers used imaging scans to examine the brains of fifty-three males in late childhood and early adulthood with high-functioning autism and found the behavioral problems they exhibited were the result of a decrease in neural activity between connections in specific areas. They also noted something found by other researchers who have examined the brains of children and adults with autism: The bridge between the two sides of the brain, called the corpus callosum, was smaller than in males of the same age with normal brains. Some researchers believe this defect contributes to the cause of autism. However, I believe this “defect” occurs as a result of autism.
- Brazilian researchers performed an electroencephalography (EEG) on a group of boys with autism between the ages of six and fourteen and compared the results to those found in boys of the same age who did not have autism. They found abnormal connectivity between the two hemispheres of the brain in the autistic boys but not in the boys without autism, according to the journal *Clinical Neurophysiology*.

Of all the disorders we treat at Brain Balance, dyslexia, the learning disability that makes reading and processing speech a challenge, is the most misunderstood. People incorrectly perceive it as a reading problem caused by mentally reversing or transposing letters—and something that follows someone through life. We have found that this is not the case. True, it *is* a reading problem, but one caused by an inability to discriminate the sound of letters as a result of a left brain deficiency. In fact, in 2002, Dr. Leisman was the first to demonstrate, through EEG measurements, that synchronized activity between two areas of the brain (called temporal coherence) was greater in the right brain of people with dyslexia than the left. This is what makes spelling, writing, and even speech difficult—the left side is too slow in responding to the right side. But if you can get the left side to catch up with the right, as we do in Brain Balance, the problems associated with dyslexia can diminish and even disappear.

In 2013, Belgian researchers conducted a human study that proved dyslexia is all about flawed wiring in the brain rather than the commonly held scientific belief that the condition is a result of distorted sound interpretation. “To our surprise, and I think to the surprise of a large part of the dyslexia research society, we found out that phonetic representations were perfectly intact” in people with dyslexia, commented Bart Boets, one of the researchers. What they found, however, was that people with dyslexia had “notably worse connectivity” between the areas of the brain responsible for speech production.

Other studies on dyslexia back up these new findings:

• Carnegie Mellon University scientists Timothy Keller and Marcel Just showed that intensive instruction to improve reading skills in young children with dyslexia causes the brain to physically rewire itself, creating new white matter and improving communication within the brain. Reporting in the journal *Neuron*, they found that brain imaging of children between the ages of eight and ten showed that the quality of white matter—the tissue that carries signals between areas where information is processed—improved substantially after the children received 100 hours of remedial training.

• Children with dyslexia also have auditory processing deficits, particularly with phonics. For example, they have difficulty distinguishing the initial sounds of the letters *b* and *p*. Researchers at the University of Wurzburg in Germany found that mental exercises directed at building awareness of speech sounds significantly improve reading and writing skills in children with dyslexia. This is exactly what we do in Brain Balance.

• A study involving 682 children with dyslexia and auditory processing disorders found that exercises addressing these weaknesses significantly improved reading skill and reduced errors in spelling by 40 percent. Again, we are finding the same thing in Brain Balance.

• At the University of Freiburg in Germany, researchers found that adults with dyslexia made twice as many errors on visual attention and eye movement tasks as people without dyslexia—no surprise there. However, when researchers trained the brains of children with dyslexia through a series of eye exercises, as we do in Brain Balance, the children made half as many mistakes after just three to six weeks of training. Sensory training is also a big part of Brain Balance.

It is obvious that children with reading problems need remedial tutoring, but if other problems associated with dyslexia—including poor primitive reflexes, fine motor or gross motor and sensory processing problems, and nutritional and dietary issues—are not addressed, the brain will not change, and the problem will not be remediated. It is the same for autism, Asperger’s syndrome, ADHD, and the other behavior and learning problems we are seeing today.

THE BRAIN *CAN* CHANGE

The reason all this can take place is because of the brain’s ability to change—not just in childhood but

through life. At one time, scientists believed that the brain was hardwired at birth—that it cannot grow, change, or correct an errant growth pattern. This simply is not the case. Over the last several decades neuroscientists have found that the brain is actually quite plastic, meaning that it has the ability to change both physically and chemically—*if* given the proper stimulation. This ability to change is called neuroplasticity.

We have seen through brain imaging scans that, when given the proper stimulation, the weak side of the brain will actually get larger and faster. Spaces between cells will get smaller, and new connections will grow. As a result, the new connections in the weak side of the brain can reconnect with the more mature cells on the functioning side and get back in rhythm. The brain begins functioning again as a whole. Disconnected Kids become Reconnected Kids.

This is what the Brain Balance Program is all about. It is a revolutionary new way to identify and help children with learning and behavioral disabilities, and it is turning conventional thinking on its ear.

Brain Balance Difference 1: The Problem Has a Solution

Until now, disorders associated with the characteristics that result from a brain imbalance have been considered lifelong problems—without a cure or correction. We have found this simply is not the case. An imbalance can be fixed. We have shown that the weak areas of the brain can be rewired to catch up to the stronger areas, reconnect, and get back into normal syncopated rhythm.

Brain Balance Difference 2: Medications Aren't the Answer

Until now, the best recourse to control the symptoms of the myriad conditions associated with a brain imbalance has been medication, which can create a laundry list of side effects. The controversies over these medications create a great deal of angst for parents who are advised, or in some cases even ordered, to given them to their children. This simply is not necessary. I am not anti-medication; I believe medication is helpful in children with severe symptoms. But medications are not the solution. In fact, the most extensive study ever done on Ritalin, as well as other smaller studies, found pharmaceuticals offer no long-term benefits and may even cause worse grades in boys and more emotional problems in girls. Brain Balance is a totally holistic, multimodality approach to correcting the imbalance. As the imbalance corrects itself, symptoms diminish and eventually go away. Medication is not required.

Brain Balance Difference 3: We Don't Accentuate the Positive

The traditional and still popular approach to dealing with academic symptoms in the classroom has been to work on strengthening the strong hemisphere while ignoring the dysfunctional, or "broken," side. Popular wisdom goes: *Johnny is so talented at math skills, let's concentrate on developing them. It will make him smarter and he'll feel good about himself.* We have found that this type of strategy actually makes the problem worse! It only makes the higher-functioning side get even stronger while the weakness is ignored. It is one of the reasons that perpetuate the notion that these problems cannot be corrected.

Brain Balance does just the opposite—it focuses only on what is "broken." It uses targeted exercises that kick-start growth in the weak hemisphere, so it can catch up to the dominant side. In fact, I call it the Catch-Up Theory—the brain has the ability to literally catch up with itself to where it should be.

■ The DSM-V and Why Your Doctor Didn't Mention FDS ■

YOU'D like to believe that there is a lab test, brain scan, or *something* that physicians, psychologists, and

behavioral specialists use to come up with a diagnosis of ADHD, autism, dyslexia, OCD, and the whole roster of childhood neurological disorders. Unfortunately, this is not the case.

There are no consistent anatomical or physical markers for these conditions. A diagnosis of any disorder is purely subjective—based on your answers to a series of questions that relate to your child's symptoms and the way your answers are interpreted. Nothing is concrete except the questions themselves, which come right out of the *Diagnostic and Statistical Manual of Mental Disorders*, which first came out in 1952 and went through a major revision in 1992, and another in 2013.

The DSM-V, as it is now called, is universally used by professionals to diagnose and classify mental disorders. It is the first major revision in twenty years and it is getting its share of controversy, mostly as a result of the way it does—and doesn't—"label" these disorders. It eliminates three subgroups that previously came under the broad definition of autism spectrum disorders (ASD)—autism, Asperger's syndrome, and pervasive developmental disorder–not otherwise specified (PDD–NOS)—and added a new category called social communication disorder (SCD). There is no mention of Functional Disconnection Syndrome, even though modern research recognizes it as a condition that is opening new doors in understanding and finding a cure for serious childhood neurological disorders.

Also controversial is its now more limited range of criteria for diagnosis, which one study found will leave thousands of developmentally delayed children each year without the diagnosis they need to qualify for social services, educational support, and medical benefits. A 2014 study conducted by a team of researchers from Columbia University School of Nursing estimates that DSM-V guidelines will dismiss 31 percent of children who would have been diagnosed with ASD under the old manual. "We are potentially going to lose diagnosis and treatment for some of the most vulnerable kids who have developmental delays," said Kristine M. Kulage, one of the study's authors.

If you have a child who was diagnosed with a neurological behavioral disorder since May 2013, most likely your doctor or therapist used the DSM-V to make the call. Prior to that, the old manual was used. However, future diagnoses will most likely come from the DSM-V. Here's how getting to a diagnosis usually unfolds:

Through your own concern or, sometimes, at the urging of your child's teacher or even your child's pediatrician, you set up an appointment with a specialist in childhood neurological disorders. After a brief interview with you and your child, the professional agrees that, yes, your child's behavior, social, or academic problem could be a mental impairment. The professional pulls out some disguised, cribbed questionnaire derived from the DSM and asks you about your child's symptoms. The eventual diagnosis is based on the number and length of symptoms that match the manual's criteria. However, even this process is not as clear-cut as it sounds.

The list of questions that pinpoint symptoms can be vague and, therefore, difficult to answer accurately. And how the professional interprets your answers, for the most part, is subjective, which makes it highly fallible. For example, we know that what are considered to be normal social and behavioral skills vary significantly from child to child. So at what point does a behavior cross the line from normal to abnormal? Also, it's possible that evaluators can be either more generous or less scrupulous in their assumptions about a child's behavior, especially since the label of autism still carries some stigma, though not nearly as much as it did in the past. The subjective nature of the DSM only adds more fuel to the debate over what it causing the rise in the conditions we are seeing in kids today.■

Brain Balance Difference 4: One Problem with One Solution

In a traditional setting, specific symptoms determine the diagnosis. Brain Balance, however, considers most

learning and behavior disorders as one problem: Functional Disconnection Syndrome. This is why one program—the Brain Balance Program—can be the solution for a seemingly myriad number of conditions.

CONDITIONS THAT CAN BE REVERSED

We have found that the Brain Balance Program can help most children labeled with an autism spectrum disorder, ADHD, dyslexia, or any other learning disability or processing disorder. Brain Balance can also correct the conditions that fall under pervasive development disorders, a cluster of complex symptoms characterized by the inability to socialize or communicate normally.

Some researchers believe that more serious neurological disorders, most notably bipolar disorder and schizophrenia, also fall under the umbrella of FDS and, therefore, can be helped through the Brain Balance Program. While we have not worked with many children with bipolar or schizophrenia in our centers, we believe every child is unique and can benefit from the Brain Balance Program. The conditions that we've had success reversing include:

Asperger's syndrome. Similar to autism but with excellent verbal skills. Often referred to as "little professor syndrome" because of high intelligence and an obsessive fixation on specific topics of knowledge. Although it is no longer considered a separate condition as defined by the new DSM, the term, and its distinct set of symptoms, is still in common usage.

Attention deficit/hyperactivity disorder (ADHD). A very broad diagnosis that covers symptoms from an inability to concentrate and focus to extreme hyperactivity and a lack of ability to control impulses to the point that it disrupts the family, friendships, and the classroom.

Autism and autism spectrum disorders (ASD). An extreme inability to communicate normally and develop social relationships. It is often accompanied by complex behavioral challenges, such as prolonged fixation on an object or group of words, or a complete inability to talk. It is considered the most complex and hardest to understand childhood neurological disorder. ASD is now sometimes referred to as pervasive developmental disorder (PDD).

Dyslexia and processing disorders. The inability to discriminate the sounds of letters, which also makes spelling, writing, and speech difficult.

Nonverbal learning disability. Characterized by severely low nonverbal intelligence and average to above average verbal intelligence.

Obsessive-compulsive disorder (OCD). An anxiety disorder characterized by a pattern of rituals or obsessive thinking to the point that it interferes with everyday living.

Oppositional defiant disorder (ODD). Characterized by openly hostile and defiant behavior, usually toward authority figures.

Sensory processing disorder (SPD). This condition exists when sensory signals don't integrate to provide appropriate responses. The various types of sensory information are processed by multisensory integration. SPD is characterized by *significant* problems in organizing sensation coming from the body and the environment and manifested by difficulties in the performance in one or more of the main areas of life: productivity, leisure, play, or activities of daily living.

Tourette syndrome. Characterized by uncontrollable, sudden, repetitive, and purposeless muscle or verbal tics.

HOW BRAIN BALANCE WORKS

The Brain Balance Program is based on a technique I developed called hemispheric integration therapy (HIT). First, a child is given a series of tests to assess his or her symptoms and functional abilities and determine the hemisphere and functions within the hemisphere that are out of balance. Then a series of sensory, physical, and academic exercises are selected that directly target the troubled areas. At first, these exercises are used separately to strengthen functional weaknesses and are then worked simultaneously to integrate large areas of the brain, especially the two hemispheres, and get them back in synchronization. These exercises require about an hour three times a week.

The Brain Balance Program also incorporates a nutritional program to correct dietary problems that are common in children with FDS. Brain Balance also addresses the family-based environmental causes that studies strongly suggest are also linked to the problem. All the causes linked to these conditions are described in Chapter 4. They are important for you to review because they can better help you understand the underpinnings as to how these conditions develop, so please be sure to read that chapter.

Our results from the Brain Balance Program have been astounding—more than 20,000 kids have gone through Brain Balance and achieved significant improvement. Many children with learning difficulties who have gone through Brain Balance have advanced as much as three to eleven grade levels after three months on the program. We have seen withdrawn children who never spoke become happy, social, academic achievers. In fact, many of them have been retested only to discover that they no longer meet the criteria for a developmental condition, just like twelve-year-old Becky, whose quote opens this chapter. You will hear from many others like Becky throughout this book.

During the last twenty years, I have taught more than a thousand health and education professionals around the world how to implement some of the principles of the Brain Balance Program and I am now going to teach you. I believe that the way to stop the epidemic rise in these neurological disorders that are threatening the mental health of future generations is to give as many people as possible the tools to correct these disorders and the information that can help prevent them. To this end, I have adapted my supervised program into one that parents, teachers, and clinicians can use to achieve lasting results. This book is your guide to learning and using the same basic program on your own child at home and achieving measurable, positive results similar to what we achieve in our clinics.

Users Review

From reader reviews:

Clarence Cobb:

Do you considered one of people who can't read pleasant if the sentence chained within the straightway, hold on guys this particular aren't like that. This Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders book is readable by means of you who hate those straight word style. You will find the data here are arrange for enjoyable looking at experience without leaving also decrease the knowledge that want to offer to you. The writer regarding Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders content conveys the thought easily to understand by lots of people. The printed and e-book are not different in the articles but it just different available as it. So , do you even now thinking Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders is not loveable to be your top record reading book?

Joseph Bateman:

Hey guys, do you really wants to finds a new book you just read? May be the book with the name Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders suitable to you? Often the book was written by popular writer in this era. The book untitled Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disordersis the main of several books in which everyone read now. This book was inspired many men and women in the world. When you read this reserve you will enter the new age that you ever know just before. The author explained their plan in the simple way, therefore all of people can easily to recognise the core of this publication. This book will give you a lots of information about this world now. So you can see the represented of the world in this particular book.

John Flores:

Playing with family in the park, coming to see the coastal world or hanging out with close friends is thing that usually you will have done when you have spare time, then why you don't try point that really opposite from that. One particular activity that make you not feeling tired but still relaxing, trilling like on roller coaster you have been ride on and with addition details. Even you love Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders, you are able to enjoy both. It is excellent combination right, you still want to miss it? What kind of hang-out type is it? Oh can happen its mind hangout people. What? Still don't have it, oh come on its named reading friends.

Louella Rape:

What is your hobby? Have you heard this question when you got students? We believe that that question was given by teacher to the students. Many kinds of hobby, All people has different hobby. And you also know that little person just like reading or as looking at become their hobby. You need to understand that reading is very important along with book as to be the point. Book is important thing to incorporate you knowledge, except your personal teacher or lecturer. You find good news or update with regards to something by book. Different categories of books that can you take to be your object. One of them are these claims Disconnected Kids: The Groundbreaking Brain Balance Program for Children with Autism, ADHD, Dyslexia, and Other Neurological Disorders.

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