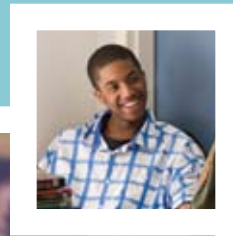
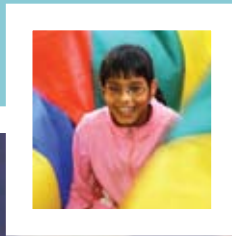


## May Center for Education and Neurorehabilitation

*Serving students and adolescents with brain injury*



Maximizing  
potential.

Welcome.



The May Center for Education and Neurorehabilitation is a welcoming, state-of-the-art facility that offers an ideal environment for children with brain injury to reach their maximum potential. It is a school where students establish a strong foundation on which to build a meaningful life.

We provide full-day, year-round educational, behavioral, medical, and rehabilitative services for children from kindergarten to age 22. Our comprehensive program uses proven methods of treatment and teaching based on the latest

clinical and applied research. When needed, school services can be combined with an on-campus or community-based residential program at one of several homes in nearby neighborhoods.

Located in Brockton, Massachusetts, 40 minutes from Boston and 50 minutes from Providence, Rhode Island, the May Center is a Massachusetts Chapter 766-approved school and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).



Children and adolescents with brain injury—acquired through accident, illness, or neurological disease—need a special place where they can receive the individualized medical, educational, and behavioral services necessary to rebuild their lives. They need a “home away from home” where they can belong, an environment that supports skill development and rehabilitation and fosters new friendships.

The May Center for Education and Neurorehabilitation is just such a place. Here, students with a wide variety of traumatic and acquired brain injury learn to walk again, talk again, control impulsive and aggressive behaviors, and become more independent. Here—with the support of a highly trained, compassionate staff—they continue to learn and grow, receiving the specialized services they need to achieve their personal best. Some graduate from high school, some learn new vocational skills; nearly all return to a less restrictive environment with new life skills, a sense of pride, and hope for the future.

*“When I was six years old, I was riding with friends and I was in a bicycle accident. I landed on my head. The emergency room doctors and x-rays didn’t find any serious injuries. I seemed to recover, so no one thought anything of it then, but soon after I began to have difficulty. I went to different schools and programs and we were not able to find one that worked for me. Then I was referred to the May Center. My time there was some of the best years of my life. I made friends, I saw what I could accomplish, and the staff taught me how to help myself.”*

—Kevin, a May Center graduate

Learn and grow.

## May Center Snapshot:

Age range served: 5 – 22 years

Educational method: Applied Behavior Analysis (ABA)

Staff-student ratio: 1:2

Class size: 5 – 6 students

Average enrollment: 50

Length of program: Full-day, 12-month

Residential living: Available

Average number of residential students: 30



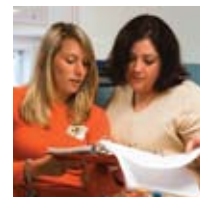
## Expertise

Established in 1992, the May Center for Education and Neurorehabilitation is one of only a handful of pediatric programs in the United States focusing on both education and rehabilitation of children and adolescents with brain injury or neurological disease.

We are dedicated to providing the highest quality education available for students with brain injury. Our academic instruction programs are based on published best practice standards for teaching children and adolescents with academic, social, physical, and behavioral difficulties resulting from a brain injury.

As part of May Institute's network of schools, the Center benefits from the expertise of doctoral-level professionals and board certified behavior analysts (BCBAs). Our clinical leadership includes experts in brain injury, special education, early childhood development, psychology, and rehabilitation.

Our staff have extensive experience with the challenges of navigating states' special education regulations and medical care requirements in order to ensure a child is placed in the most appropriate and least restrictive educational and rehabilitative setting. Nearly 80% of our students move on to less restrictive settings within 36 months.



Best practice standards.

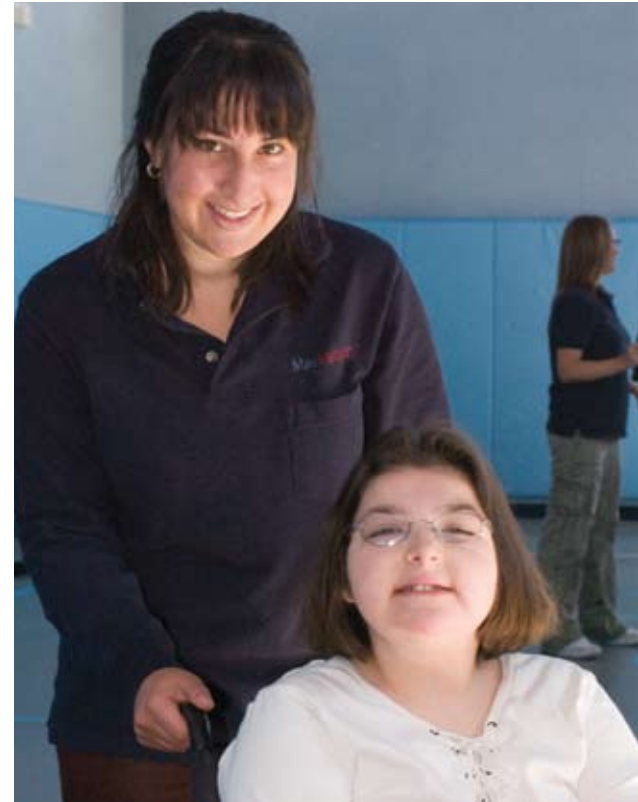
## Exceptional Staff

Using an individualized approach based on each student's strengths, needs, and preferences, the May Center's caring, highly trained professional staff members have helped hundreds of students reach their maximum potential over the past 17 years. We successfully serve students with a broad range of abilities, including those with the most difficult learning and neurobehavioral challenges.

Our school and residential programs are staffed by specialists and teachers specifically trained in the treatment of brain injury. All teaching staff complete a program of competency-based training that covers the most effective methods for working with children with brain injury and related disorders.

The May Center has over 50 highly specialized staff members, including doctoral- and master's-level supervisors, certified brain injury specialists, and licensed and credentialed professionals. Staff members include:

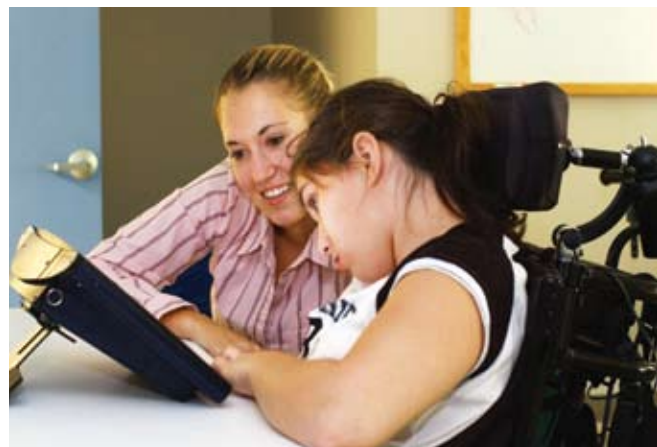
- Doctoral-level clinical leadership with board certification in behavior analysis (BCBA)
- Certified brain injury specialists (CBIS)
- Master's-level special education teachers
- Classroom supervisors
- Highly trained teachers
- Six on-site nurses (three RNs and three LPNs)
- Two on-site physical therapists
- Two on-site occupational therapists
- On-site speech therapist
- On-site licensed, clinical social worker
- Consulting physician and psychiatrist and other professionals from major teaching hospitals and universities



*“Behind every student is a team of professionals dedicated to supporting his or her personal growth and development. This collaborative approach ensures that students achieve their goals.”*

— Gary Pace, Ph.D., BCBA, Program Director

## Personalized learning.



## A Multidisciplinary Approach

Education. Behavior. Rehabilitation. While other programs for children with brain injuries focus primarily on one or two of these areas, the May Center addresses these areas equally.

We understand how a child's education, behavior, and rehabilitation needs interrelate, and we develop a multidisciplinary and collaborative approach to improve all three. As we work with students, we take great care to address neurological issues that may impact academic and behavioral learning. This approach allows for the most successful reintegration into home, school, and community.

## Delivering Educational Services

From the first day a child enters our classrooms, we carefully begin to create a very personal learning experience, assessing his or her needs, and developing specific goals and objectives. We regularly measure progress, reevaluating and adjusting each individual program, as necessary, in an effort to constantly challenge, motivate, and encourage each student.

We work with family members, local education authorities (LEAs), and others to create an Individualized Education Plan (IEP) for each student. The IEP prioritizes academics, behavior, activities of daily living, communication, exercise and leisure, and transitional education that includes vocational education and community re-integration.

The IEP is the driving force behind all educational planning. For students, the IEP is the map we use to guide their educational journey. For families, the IEP is the contract between the family and school for the delivery of educational services to their child. Each IEP is different, just as each student is different.

May Center teachers work with students in small groups or individually, combining best practices from the fields of applied behavior analysis (ABA) and education. Each student has a program book that includes detailed plans for implementing his or her IEP. Teachers record data in this book daily, noting the child's challenges and progress with developmental, behavioral, and educational goals.

## Applied Behavior Analysis: Effective and Individualized

What most attracts parents to a program of applied behavior analysis (ABA) are its positive and reinforcing tone, its strong focus on teaching new skills, the documentation of progress in reports and charts, its foundation in research, and the manner in which it is individualized for every child.

ABA is a methodology, or framework, that applies scientific interventions to address behavioral needs and skill development. ABA facilitates the development of language, social interactions, and independent living by applying basic behavioral practices—positive reinforcement, teaching in small steps, prompting, and repeated practice. ABA can also help reduce both everyday social problems and serious behavior disorders.

Hundreds of scientific studies have shown that ABA is the most effective method to teach children and adolescents with neurological problems. ABA has been endorsed by the National Institutes of Health.

## An Inside Look: Facility Highlights

- Nine large, bright and airy classrooms equipped with computers and educational materials
- A rehabilitation gymnasium equipped with parallel bars, nautilus, weight area, and swings for PT and OT
- A children's library with hundreds of books, tapes, and other resource materials
- A full gymnasium and sports field
- A spacious cafeteria
- Vocational training areas
- A comprehensive medical suite and dedicated space for Allied Health services
- An on-campus residence as well as community-based homes
- Therapy rooms for speech/language and communication services

## Building Behavioral Skills

Changes in personality and behavior are often a very challenging consequence of a brain injury. Behavior expression can range from subtle changes such as inappropriate decision-making, to behavioral disinhibition, to obvious physical or verbal aggression. These changes in behavior often represent significant barriers to a child's success at home, in school, and in the community.

Children with brain injury may have to learn, or relearn, skills that will help them manage different situations and reintegrate into different environments. We work closely with each child to identify the ways in which negative behavior interferes with success, and then design a plan to provide the most appropriate behavioral services.

Core to our program is teaching positive alternatives to negative behaviors. Our interventions are researched-based and data-driven and allow children and adolescents to rehearse these new or re-learned skills in a safe and supportive environment.

## Meeting Multiple Rehabilitative Needs

Our multidisciplinary approach to rehabilitation combines highly qualified, caring professionals with best practice treatment techniques. Children spend quality one-on-one time with occupational, physical, and speech therapists to improve daily living, fine and gross motor, and communication skills. Children also have access to specialty services including vision, brace, and audiology clinics. A dedicated team of registered nurses is on site to meet a broad range of medical needs on a daily basis.

Equally important to a child's physical rehabilitation is his or her mental and social recovery. Every member of a child's treatment team works tirelessly to help him or her adjust to the psychological, emotional, and social changes that take place following a brain injury. Social workers, psychologists, psychiatrists, and staff with expertise in applied behavior analysis (ABA) are a part of this important interdisciplinary team.



## “A Day in the Life”

Because each student’s diagnosis, challenges, and goals are different, each student’s daily routine will differ. As students successfully move through their programs, their routines may change to reflect new challenges and milestones that await them.

This schedule offers a glimpse into a typical day of a residential student at the May Center.

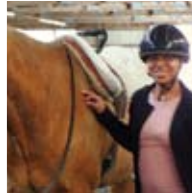
7:00 AM	Wake-up and breakfast
8:15	Leave for school
8:45	Classes begin—morning group and daily planning
9:15	IEP programs and skills
9:45	OT/PT/SLP pull-out and collaborative
10:15	Gym class
11:30	Academic groups (social studies, math, English, etc.)
12:30 PM	Lunch
1:00	IEP programs and skills, vocational/volunteer activities, independent living skills development
3:15	Afternoon group
3:45	Dismissal from school
4:15	House meeting (How was your day?), evening planning
4:30	Programs, IEP objectives, visit to the YMCA and grocery store, errands, house assignments, etc.
6:00	Dinner—prepared as a group
7:00	Free time
8:30	Begin bedtime routines
8:30–10:00	Bedtime (varies by age)

## Student Snapshot

Joanna is a 16-year-old girl who sustained multiple skull fractures and a subdural hematoma as a result of a serious car accident. After five months of rehabilitation, she came to the May Center as a residential student.

Joanna arrived at the school using a wheelchair, and having trouble with language and school work because of problems with vision, communication skills, and concentration. Poor impulse control and a low tolerance for frustration—other consequences of her brain injury—resulted in challenging behaviors.

Staff collaborated with Joanna and her family to create an in-depth and consistent program to use in school and at her residence. She is working to increase her social skills and reduce challenging behaviors. As she makes steady progress, she works on skills that help her be more independent, especially with activities that impact daily living and safety. Her occupational, physical, and speech therapy work has allowed her to walk without a wheelchair, and to concentrate and communicate more fully with the use of a communication book.



## Medical Services

At the May Center for Education and Neurorehabilitation, we are committed to providing excellent medical care. Many of our students require specialized medical services and have conditions that must be carefully monitored. Six nurses provide 24/7 primary care nursing coverage; two nurses are on-call at all times.

We work closely with families and treating physicians to provide each student with an individualized healthcare plan. Each student is assigned to a specific nursing case manager who is accessible to parents and guardians. One registered nurse handles all medication administration.

Our medical coordinator is responsible for all medical charts and scheduling all medical appointments. Transportation to and from medical appointments outside the school is provided for residential students. Laboratory services are available for all students.

A consultative physician is on-site on a weekly basis, and a consultative psychologist visits the school three times a month.

## Student Life

At the May Center, we want our students to enjoy rich, full lives by participating in the world around them. Built into our educational plans and programs are ongoing opportunities for personal and social development, for community activities, and for meaningful relationships with staff and other students.

In spite of the many challenges our students face, we believe that it is important for “kids to be kids.” Therefore, we strive to create an environment that promotes fun and friendship.

Across all age groups, our students participate in engaging and stimulating classroom activities. School days are filled with opportunities to learn and practice social skills and appropriate behavior, with the goal of supporting positive development.

Learning is not limited to the classroom. Many May Center students actively participate in after-school and weekend activities. Enrichment activities are coordinated with Outdoor Exploration, an organization that specifically works with individuals with disabilities. Our students enjoy hiking, kayaking, skiing, ice skating, and biking, as well as regular community outings.

From sports teams to Special Olympics, from dances to prom night, and from family dinners to graduation day, students take part in, and learn from, many typical adolescent experiences that mark their rites of passage and positively impact their transition to adulthood.

## Building Family Partnerships

We fully understand the unique, complex, and sometimes overwhelming needs presented by a brain injury, and how these needs can profoundly impact a family. At the May Center, our Family Services staff work closely with parents on a wide variety of issues. This partnership not only results in the best possible care for students, but it also provides families with the necessary support, information, and guidance throughout their child's journey.

Each student at the May Center is assigned to a Family Services Director, as well as to a member of the following departments: Educational Services; Community Living (for residential students); Nursing; and, for students 14 years and older, Transitional Education. Depending on their needs, students may also receive services from the Allied Health and Clinical Behavioral teams, and from Counseling Services.

Our Family Services Directors are personal advocates for students and parents both inside and outside the school. They are helpful in resolving day-to-day issues, committed to protecting students' rights and privacy, and available to provide emotional and practical support when families must make important decisions about "next steps," such as employment training and placement, and independent living.

A Family Services Director coordinates a student's services with all other team members and departments, streamlining communication for families and making sure that each child's individual and often-changing needs are met. Parents of day students have daily correspondence with their child's teachers via a communication notebook, sent home nightly. Parents of residential students have access to numerous modes of communication, including regular phone calls and communication logs that travel home with the student on weekends.

*“The sense of community and friendship that students find here adds a truly meaningful component to their school experience. In a student body with so many interests and abilities, each student can find a peer.”*

—Andrea Potoczny-Gray, M.Ed., CBIS  
Assistant Program Director



Positive development.

*“The May Center has been a fantastic place  
for my daughter to live, learn, and grow.”*

— Jane Johnstone  
May Center parent



**Building life skills.**

## Residential Life

For families who need more intensive support for their child, the May Center can combine day school services with residential living in either our on-campus residence or in one of our community-based homes.

We recognize that the decision to move a child to a residential program can be a difficult one for families. Our staff work diligently to address the concerns of families before, during, and after a move. We create a home-away-from-home that is safe and nurturing, while encouraging students and their families to maintain a strong connection with regular phone calls and visits.

Every student's residential experience is unique and personalized. It focuses on behavior, social, and independent skills development, and addresses each child's medical and rehabilitative needs. School and residential staff work together to coordinate students' IEP goals so the learning doesn't stop at the end of the school day.

Much effort goes into finding an appropriate residential placement for each child. We base our decisions on age and interests, gender, and skill and developmental levels. During our students' first few weeks in their new home, we look to parents and guardians to guide us in how to best meet their needs.

Each day in a residence is designed to reflect a typical day for any child. It begins with breakfast and getting ready for school, and involves the hustle and bustle of a houseful of children in the morning. Children come home from school to snacks and playtime, homework, chores, and shared meals. They take part in typical weekend outings to local stores, restaurants, and movies.

More challenging and exciting recreational outings such as camping and white water rafting—activities that help teenagers build self-confidence and self-esteem—are options for some students. The life skills that all students practice during their time in our residential programs—good health and hygiene, meal planning and preparation, budgeting, and appropriate social interaction—help prepare them to successfully transition into a more independent environment.



## Vocational Rehabilitation

Recognizing that work activities may have a therapeutic effect, we include specific activities and tasks in a child's treatment plan, with input from the student, clinical team, and family members. When appropriate, the May Center's vocational program can help older students develop essential work skills that may enable them to obtain paying jobs and achieve as much independence as possible.

When a student turns 14, our vocational staff work with teachers and parents to develop specific vocational goals, and with students to identify their interests and job goals. Oftentimes we are able to match students with existing internal job openings. If that is not possible, we create positions that will best utilize students' abilities. Guided by a job coach, they successfully accomplish a variety of tasks at the Center such as working in the school store or cafeteria, delivering

mail, or recycling. In this way, we create a mock working environment that is a stepping stone to the real world of work.

For the first year, students are "paid" with material reinforcers that are meaningful to each child, such as CDs, video games, or special foods. When students turn 15, they can receive financial reimbursement for their work. Many students are able to obtain volunteer or paid employment in the community.

Students work under the direction of a job coach at community businesses, social service agencies, "Meals on Wheels" and other service-oriented programs, as well as at our school. These work and volunteer experiences give students opportunities to develop and strengthen skills that will help them live more independently and give them a sense of accomplishment and satisfaction.



*“Vocational education is a prime opportunity for students to develop knowledge and skills and to realize their dreams. We break the work into manageable steps so students can reach their goals.”*

— Stephen Murray, M.A., M.Ed.  
Director of Vocational Education, Job Coach

## One Student's Journey

Kevin is a thoughtful, soft-spoken young man with a halo of red hair and the unlined face of someone who is at peace with the world. At 30, he works for a major health insurance company, shares an apartment where he has lived since he graduated, and is engaged to be married.

He is the first to say he is far away from the condition he was in when he first came to the May Center at age 18.

“My time there was some of the best years of my life,” he beams. “I made friends, I saw what I could accomplish, and the staff taught me how to help myself. It was all in the approach. They treated me with dignity and respect. They helped me succeed in school. I got my diploma. They treated me the same way 24/7. And I learned a lot about brain injury.

“When I was six years old, I was riding with friends and I was in a bicycle accident. I landed on my head. My ears were ringing, and my vision was blurry, but I never lost consciousness. The

emergency room doctors and x-rays didn't find any serious injuries. I seemed to recover, so no one thought anything of it then, but soon after I began to have difficulty. I went to different schools and programs and we were not able to find one that worked for me,” he explains.

“When I was younger, my teachers and clinicians thought I just needed more discipline to succeed, but that wasn't the answer. I didn't like to be told what to do. I would get frustrated and not follow directions. I would get very angry and assaultive and have outbursts. I was often confined, my privileges were taken away, and I was ‘consequenced’.”

He was moved around to different schools, both public and private, largely because of behavior issues. Most were quite restrictive, but it wasn't until he was around 16 that he was tested to see if he had any brain injuries.

“Once we knew, it made a big difference in the kind of program I entered. I earned the respect of

staff and students. They trusted me and I trusted myself. I earned privileges and I saw that I could succeed,” he said. “Staff worked with me while I was still in high school and they helped me to find the job I have now and I began doing data entry and date stamping.”

Kevin's typical schedule includes working Monday through Friday, and in his free time going to the movies, restaurants, the beach or shopping with his fiancée, and maybe some cooking.

“I learned to make a Nigerian recipe for chicken and vegetables from a friend,” he smiles. He goes home weekly to see his mother and do his laundry. He frequently visits his father in New Hampshire where they work around the house and go boating and fishing.

“It's all in the approach,” he says again. “I have the utmost gratitude for the people at the May Center. If it weren't for them, I wouldn't be where I am right now.”

## The Journey Into Adulthood

We seek to help our students become as independent as possible as they grow through childhood, adolescence, and into adulthood. Children with brain injury will have many challenges and will experience frustrations along the way. Our job as professionals is to guide students through these transitions by helping them develop the skills they need.

The May Center for Education and Neurorehabilitation is a place where miracles happen. It is a place where children and adolescents with brain injury are treated with dignity and respect and encouraged to reach their maximum potential. It is a place that gives students a firm foundation upon which to build a satisfying and successful life. Ultimately, it is a place that students will leave.

Every year, we watch with joy and pride as one by one, more students become May Center alumni, walking out of our doors and into the world, ready for the next step in their amazing life journey.





## About May Institute

May Institute is a nonprofit organization that provides educational, rehabilitative, and behavioral healthcare services to individuals with autism spectrum disorders (ASD) and other developmental disabilities, brain injury, mental illness, and behavioral healthcare needs. The Institute also provides training and consultation services to professionals, organizations, and public school systems.

Since its founding more than 50 years ago, May Institute has evolved into an award-winning national network that serves over 25,000 individuals and their families annually at more than 200 service locations in the Northeast, Mid-Atlantic, Southeast, and on the West Coast. The Institute has become an active center of research and training, maintaining affiliations with more than 55 universities, hospitals, and human service agencies worldwide.

In addition to the May Center for Education and Neurorehabilitation, which serves students with brain injury, the Institute operates four May Centers that serve children and adolescents with ASD and other developmental disabilities.

To learn more about the May Center, or to arrange a tour, please contact us at **800.778.7601**.

596 Summer Street, Brockton, Massachusetts 02302 | [www.mayinstitute.org](http://www.mayinstitute.org) | [info@mayinstitute.org](mailto:info@mayinstitute.org)



The Brockton May Center has received three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of human service providers. A three-year CARF accreditation represents the highest level of compliance with internationally recognized standards established by the Commission.

*"[May Institute] enjoys a national reputation and serves students from numerous states in the Brockton brain injury program, which is one of a few of its kind in the country...The Brockton school offers a wide array of services and supports on site to the children enrolled in the program, from behavior specialists, nurses, occupational therapists, physical therapists, speech therapists, an optometrist, a nutritionist, and others identified in the individual plan. This has resulted in assistive technology and accommodations that allow students to access areas of their environment that otherwise could be denied."*

—CARF