The Narrow Bridge
PRESS

Sentra Health Autism Roundtable

Presentation by David Raphael

October 24, 2026

www.narrowbridge.us

OPENING

A word before we begin

Much of my presentation focuses on the DIR/Floortime method for addressing autism-related developmental issues. I focus on Floortime because it is what I know, what we experienced. And for us, it was miraculous. Thus, the title of our book: *A Miracle of the Heart*.

I ask that you do not take my presentation to suggest that Floortime is the only approach for addressing the issues of autistic children, or the right one for every family. It was the right one for us, and for us it was transformative.

While I am here and even in the following days, I'd love to hear the stories and experiences of clinicians and families who have had great success with other methods and other approaches.

Whatever approach or method you provide or pursue, you are all heroes.

> *"If you know one autistic person, you know one autistic person."*
>
> DR. STEPHEN SHORE — A QUOTE JACOB LIKES TO REPEAT

I recognize that Jacob's and our family's story may not be the story of every autistic individual and his or her family. We worked very hard, we were lucky, and perhaps God had a hand in it. If you take anything away from our presentation, it is the commitment of every member of our family, and the professionalism, wisdom, and compassion of all the members of our treatment team — qualities that I know each of you share.

OUR STORY

The diagnosis

There are so many rationalizations we make when our child's difference becomes increasingly pronounced and their behaviors become more and more frightening. Every baby is different. Boys are different from girls. He's still young. But the rationalizations can only mask and suppress our fears and the realities for so long.

Jacob was more than different from his two older sisters. Not only was his speech not developing, but he lost the few words he had spoken. He did strange things — he sometimes screamed so loudly that his voice pierced our ears. Twice he disappeared into large crowds.

And his unusual behaviors grew. For us, the most frightening part of Jacob's autism was his increasing isolation. That core, basic, joyful element of being a parent — the deep emotional connection to our son — was disappearing.

When he was two and a half, we knew that something was seriously wrong. And so we made an appointment at a child development center at a major university.

In bright fluorescent-lit rooms, a parade of clinicians asked Jacob questions he didn't respond to and probed his body while Jacob flailed and we restrained him on our laps.

This is what they told us:

> FROM THE EVALUATION
>
> *Jacob is a handsome 2-year, 7-month-old boy with mild delays in motor development, significant cognitive delays and significantly delayed and abnormal communication development. His behavior is characterized by aloofness, poor eye contact, poor imitation and difficulty in social engagement. These symptoms are consistent with a diagnosis of Pervasive Developmental Disorder.*

What is that? What is Pervasive Developmental Disorder? They told us three things:

1. They could not confirm Jacob's intelligence.
2. He would probably have to be institutionalized.
3. We should contact the Autism Society.

It's hard not to look back in anger at those who conducted the evaluation of Jacob. But the truth is that their diagnosis was right. At a time when only one in 10,000 children was diagnosed as autistic, as painful as their pronouncement was, it pointed us in a direction. Having said that, their dire prognosis that Jacob would have to be institutionalized didn't account for Stanley Greenspan and the Floortime method, our fierce deter-

mination, and perhaps of greatest significance, Jacob's innate abilities. In a different world, I'd like to travel back to the diagnosis center with the current Jacob — thank them and then stick out my tongue.

Thirty-three years later, my memories of those early days are still fresh in my mind. I'd like to share some of the things we experienced — and while this was a long time ago, much of it is still relevant for families facing an autism diagnosis today. Perhaps some of this will resonate with what you see in your practices.

OUR STORY

Finding Dr. Greenspan

We found our way to Dr. Greenspan through sheer luck. After telling friends and family, we reached out to the principal of the girls' elementary school. She was wonderful, listened carefully, and said that she was going out for dinner with a friend, a special ed teacher, and would ask him for recommendations. The next day, she sent home a stack of articles that were either written by or cited Dr. Greenspan.

We found out that his office was about 30 minutes from our home and called to make an appointment. This was in early fall and we were given an appointment for April. We were also told that Dr. Greenspan had set aside Thursday nights to return calls to parents. We registered for that as well.

Late one Thursday night in November, when I was out of town, our phone rang at 10:45 PM. My wife, Jo, picked it up assuming it was me. She heard a terse voice say: "Stanley Greenspan." Jo was dumbfounded. Dr. Greenspan filled the void by saying: "You called me..." Jo told him about Jacob's autism diagnosis. Dr. Greenspan said, "You need to come see me." Jo told him that we would love to come see him, but he couldn't see us until April. He shot back with "What are you doing Saturday?" And so, it began.

In the first meeting with Dr. Greenspan he listened to us in a way that validated our experience and thoughts. He spent time learning about us and Jacob and asked questions that forced us to focus on the details. Then, pulling out the ever-present video camera, he told us to play. We took turns trying our best to play with Jacob. With the words, "Now I'm going to teach you to play with your son," Jacob's healing began.

As the session ended, and Dr. Greenspan was about to usher us out, Jacob had a major temper tantrum. He fell on the floor and began to cry. Our interpretation was that it was the first time in a long time that he felt understood and he longed for this sense of connection with others.

Dr. Greenspan gave us hope. Thirty-three years later, I still remember his words verbatim:

> *"You should not place any limitations on Jacob's capabilities. He might not go to MIT, but he just might."*
>
> DR. STANLEY GREENSPAN

After our first meeting with Dr. Greenspan, we went home and went to work.

LESSONS

Here are some of the things we learned

Autism is scary

For parents and families, autism is the monster under the bed.

For us, autism was a complete unknown — it was something so alien and so undefined. We knew it was serious — but we didn't know how serious — and we didn't know if there was anything that could be done about it.

A lot has changed since our son Jacob was diagnosed in 1993. Back then, the estimated number of children being diagnosed as autistic was one in 10,000. Now that number is about 1 in 31.

1 in 10,000	→	1 in 31
Children diagnosed as autistic, 1993		Children diagnosed as autistic today

Back then, the only media-based reference point for autism was *Rain Man*, starring Dustin Hoffman as the profoundly challenged and institutionalized autistic adult. Today, on TV, there are autistic doctors, detectives, and young autistic adults going on dates.

But I'd imagine that autism is still scary for families. A successful outcome is not only not assured, but it is almost impossible to define what a successful outcome is or should look like.

These days, autism might be scary for parents and families for different reasons. While, chances are, any pediatrician will prescribe the same treatment for an ear infection, today, parents whose children are diagnosed as autistic are faced with what seems like countless treatment options. And then, there are "alternative treatment approaches" such as chelation, fecal transplants, and hyperbaric oxygen — most of which are backed by scant data and some of which can be extremely dangerous.

In an age where we all look to the web for guidance, parents who look online will be confronted with tens of thousands of autism-related websites.

A diagnosis is not enough

Thirty-three years ago, at the end of a long assessment day at a major child development center, we were left with a diagnosis we didn't understand, for a condition we knew nothing about, and a distressing prognosis.

Being told that Jacob was autistic at the child development center didn't resolve anything for us — if anything, it exacerbated our fears. What does that mean? What will his future be like? What do we need to do? How do we fix this? Can this be fixed?

Conversely, when we met with Stanley Greenspan, he laid out a plan — the therapists we needed to see and how often. What we needed to do at home. Foods we should avoid.

I would propose that, even if your role is assessment or psychological testing, and you won't play a role in the child's treatment, don't leave the parents or guardians without recommendations for a path forward.

Autism is a family affair

In retrospect, our family's Floortime-based autism journey was filled with discovery, wonder, and joy. But it certainly didn't start out that way. As gratifying as our experience was, without question, it was a challenging time for our family. For me, Jacob's diagnosis and my fear of losing him to the isolation of autism brought up the sadness and pain of my father's death when I was a teen.

Other family members were impacted as well.

In the months after Jacob was diagnosed, Jacob's older sister began struggling academically. Her teacher suggested psychological testing. We put it off — we were just too busy and too emotionally overloaded. But her difficulties led to health-related challenges. Finally, she was diagnosed with ADHD. We placed her on medication and arranged for tutoring. Her grades improved and her medical issues faded. I'm not proud of our lack of immediate attention to her needs — but it was our reality at the time.

Autism and other developmental and physical differences are family affairs, and each family and each family member will respond differently. An autism diagnosis can bring a family together or it can tear a family apart. Further, I've seen family members roll up their sleeves and I've seen families, for whatever reasons, turn their backs. As a parent, I don't get to judge the actions of other families, but I do recognize the complexities you might face in working with families.

I'd respectfully propose that when working with a child who has developmental or physical challenges, the individual child needs to be the focus of your efforts but also be mindful of the impact of an autistic diagnosis on other family members and the family dynamic.

FOR CLINICIANS AND EDUCATORS

Thoughts based on our experience

Based on our family's experience and conversations with other autism families, here are some messages you might consider sharing with families of children and young adults who have recently been diagnosed as autistic:

01 **Parents, your child is not broken.**

We will be your partner in helping your child reach their highest potential. Increasingly, neurodivergent children and adults are succeeding in the world — not in spite of their autism, but often because of it.

02 **Parents, your child's autism is not your fault.**

For instance, the best current scientific evidence does not show that vaccinations or taking Tylenol during pregnancy cause autism. And no, you're not a refrigerator mother.

03 **Parents, you are not alone.**

This is a journey that will take some time — we will be there with you all the way.

04 **Parents, this is a collaborative effort.**

A comprehensive treatment program for neurodivergent individuals may involve multiple clinicians such as psychologists, developmental pediatricians, and play, speech, and occupational therapists. But among the most important members of the treatment team are you — the parents, family members, and caregivers. Floortime calls for hours of play-based therapy. Roll up your sleeves and get down on the floor. Each of Jacob's clinicians gave us assignments. And that work, that role we played in addressing Jacob's challenges, was nourishing and empowering.

05 **Parents, we will always be honest with you.**

We will be direct when we believe there are more things you should consider doing. We will be honest with you when we have concerns. Conversely, when we say that your child is making great progress and has a bright future, you can believe us.

Clinicians, there is a wonderful saying I learned from Irving Miller, a social work professor of mine:

> *"Always tell the truth, but know how to tell it."*
>
> IRVING MILLER

TODAY

Where things stand now

As you know, Jacob and I have written a book together about our shared journey: *A Miracle of the Heart: A Father and Son's Autism Journey*. Jacob is a college graduate with a major in Creative Writing and a minor in Philosophy. He is committed to being an author, has written several short stories, and is working on a book. He is an active participant in multiple writing groups. To provide some revenue while he pursues his writing, he is a substitute teacher and tutors autistic teens.

Perhaps the most significant emotional development is that Jacob has embraced his autism identity and has become an autism advocate. With remarkable thoughtfulness and insight, he speaks openly about his autism experience, recognizing both the challenges it presents and the unique capacities and strengths it provides him. You will hear from him in a bit. He is much more interesting than I am.

Zeno's Paradox

Among the essays in our book is one entitled "Zeno's Paradox." The essay is based on an enigma proposed by Zeno of Elea, a Greek philosopher who lived in the 5th century BCE, which holds that if you keep covering half the distance to your goal, you will never get there.

When I wrote that essay, the focus was on the half distances that Jacob was making to enter our world. I realize now that there is another part of that equation: What half distance are we prepared to travel? The "we" here is the rest of us — families and friends, clinicians, educational institutions, places of work — society as a whole. Jacob has embraced his autism identity. Are we prepared to do the same? We want our children to have the tools they need to navigate the world. That is real and necessary. But what is our collective responsibility to fulfill our part of the bargain — to meet our autistic children and adults halfway — to recognize not only the legitimacy of their identity, but its unique beauty and brilliance?

I'd like to think that our whole family has embraced Jacob's autism identity. Not as something defective, or something to eradicate with more and more treatments and therapists. And not something to hide or be ashamed of, but something to be proud of. Something that makes him unique and remarkable. Something else to love about him.

> *Zeno was right: if only one of us does the traveling, we never arrive. But when we each move toward the other, we meet in the middle. That halfway space can be the stuff of miracles — and it is a very beautiful place to be.*

And you are the people who can help us get there.

We are so grateful to all the clinicians, educators, and paraprofessionals who are engaged in such magnificent work on behalf of our families.

Thank you.

. . .



ABOUT THE SPEAKER

David Raphael is the co-author of *A Miracle of the Heart: A Father and Son's Autism Journey*. More information about the book can be found at www.narrowbridge.us. He can be reached at david@narrowbridge.us.