

FOCUS ON THE FAMILY®



*From Stumbling Blocks to*  
*Stepping Stones*  
Help and Hope for  
Special Needs Kids



Tyndale House Publishers, Inc.  
Carol Stream, Illinois

**Shari Rusch Furnstahl** M.Ed.



“In *From Stumbling Blocks to Stepping Stones*, Shari so poignantly describes the suffering she experienced as a learning-disabled child, yet her sense of humor and determination shine through. It jars the imagination to realize that a child deemed uneducable—even recommended for institutionalization—became a poised and gifted national lecturer with her master’s degree in education! Shari is one of those rare people whose speaking and writing incites a lump in the throat one moment, then bursts of laughter and cheers the next, all for a child who beat incredible odds. Her insights about educational methods that helped and hindered her will impact teachers and offer great hope to struggling students and the parents who love and guide them.”

—Laurie Winslow Sargent

Author of *Delight in Your Child’s Design*

“Shari’s story captures her charismatic style and personality in a humorous, engaging way. The reader is brought from laughter to tears as the agonies of Shari’s struggle are described from the aspect of a child looking out through thick, horn-rimmed glasses. Every teacher who has attempted to teach students like Shari will find new ideas to reach them through the pages of this book. Every parent who has felt the pain of a child who could not sit still will be encouraged by Shari’s mother’s steadfast belief in her daughter. Those who struggle to learn will find that their difficulties are probably not as great as Shari’s. Her power to overcome is a clear testimony of a faithful God who redeems all trials and turns them into stepping stones. Bravo, Shari. I salute you!”

—Dr. Kathleen R. Hopkins

Executive Director, National Institute  
for Learning Development (NILD)

“Shari Rusch Furnstahl’s book is filled with emotion and a sense of triumph. As I read it, I could feel the courage that Shari lived each day as she found a way to work through her adversity and help a positive solution surface in her life. Shari and her ‘never give up’ attitude will encourage and inspire anyone who reads this book.

“Readers will immediately identify with the author’s main theme of love. But there is another true emotion Shari brings to this powerful testimony of triumph. Hope is there for anyone who can identify with the challenges Shari shares through her writing. As an Educational Administrator, I was excited by the hope Shari gives to youth or to those who know or have children who are challenged.

“In addition, the author’s parenting solutions provide a fantastic guide for single parents, young parents, parents who need help in parenting, and parents who struggle with life as we all know it in today’s world.”

—Bob Arkfeld

Principal, Knowledge Quest Academy

“Our Father knit together the marvelous creation of Shari. Through her story, He will encourage and lighten the hearts of all who read it. If every educator, father, mother and student would read, *From Stumbling Blocks to Stepping Stones*, our schools would be stronger, happier, and safer for all children.”

—Louann Farnham

Christian educator and director of an  
alternative multi-age school

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*This book is dedicated to my family, my teachers,  
and all those individuals who refused  
to let my limitations have the last word*



# Acknowledgments

I wish to thank the following people for challenging me to reach my potential and reminding me that laughing is better than crying any day.

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Michael, the second boy I fell in love with. You remind me that differences are beautiful and that nothing is impossible.

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# Contents

Introduction	1
Chapter 1	And Then There Was Me . . . . . 11
Chapter 2	The Downside of Different . . . . . 23
Chapter 3	The First Day of School and Other Scary Stories . . . . . 35
Chapter 4	Class Clown or Learning Disabled: You Be the Judge . . . . . 47
Chapter 5	Another Chance . . . . . 61
Chapter 6	Giant Pens and Other Night Terrors . . . . . 89
Chapter 7	And Then There Were Three . . . . . 107
Chapter 8	On the Other Side of the Tracks . . . . . 129
Chapter 9	I Can't See College from Here . . . . . 147
Chapter 10	Another New Life . . . . . 169
Chapter 11	Time Misspent . . . . . 179
Chapter 12	The Driven Girl . . . . . 195
Chapter 13	College Sounds Easier than It Is . . . . . 205
Chapter 14	Suggestions for Parents and Educators . . . . 231
Glossary of Terms	285
Resources	288
Bibliography	290

# Introduction

When I found out I was pregnant, I was really excited—for about five minutes. Then I began to worry. I had always been pretty good at worrying, but somehow this whole “mom thing” caused me to become—dare I say—irrational. Will I be a good mother? What college will my child go to? Will I be able to afford to send my child to college? And so on and so on. In the middle of the night I would wake up in a cold sweat worrying about recent studies cited on the evening news concerning red dye in candy, nitrates in hot dogs, hormones in milk, and the supposed danger in metal fillings. I think you get the idea.

After six years of marriage my husband was probably relieved that his diet soda habit and my belief it caused dementia were no longer the center of attention, but he tried to understand my concerns as I shed tears about the ozone layer and how it might affect the future of our unborn child. He would gently remind me that everything is in God’s hands.

I knew he was right. I am a person of faith, so this whole worrying thing just doesn’t make sense. I should trust God. Absolutely. So where did all this worry come from? I hate to make excuses, but I can honestly say that my growing up years were a hit parade of Murphy’s Laws. “When you least expect it, expect it” became my motto. Though I came to know God early, I tended to keep Him in my hip pocket and rely on my own strength when the going got rough. I thought if I anticipated



bad things, I would be ahead of disappointment. Sadly, I used prayer as a co-conspirator in my worry. Instead of completely trusting the God who made the universe to handle whatever was going on in my life, I would cover everything under the sun with prayer. I'd name every specific issue in the world and then worry I had left something out. Are you getting obsessive yet?

Oddly enough, I had somehow managed to reach levels of success even while being predisposed to anticipating the worst. Clearly God had His hand on me.

As soon as I learned I was pregnant, I applied the same “worst-case scenario” approach to our unborn child: praying against every single disability known to man, including learning disabilities, vision problems, motor coordination problems, club foot, and various environmental issues such as an overprotective mother who worries too much.

When Michael was born, we didn't hear, “It's a boy”; we heard, “We have a cleft problem here.” I wondered how, if I had sufficiently worried (and prayed, but emphasis on the worry) throughout my whole pregnancy, I had not anticipated this.

I hadn't even held him yet, and we were already hearing about speech, hearing, dental, and other problems that could result from this “birth defect” (cleft lip and sub-mucous cleft palate). We were told that he would need at least three major surgeries, as well as extensive orthodontia. I was terrified.

Then I saw him. His eyes were beautiful. He had lovely long fingers and toes and was very alert. His lip and nose, well, they looked a little different. Really different. His face below his nose was open.

I had just been ushered into a new phase of my life. I was a mom and my child had “special needs.” I wanted to be optimistic, but I had my own life experiences to back up my anxiety about Michael’s future. I could recall such painful memories, remembering the names I was called and the alienation I felt because I was so different.

I could already feel myself slipping into something I had hoped I would never do: I was about to begin to hold my son back. Even in those first moments of life I was starting to transfer my feelings about life onto Michael. How unfair!

When Michael went down the hall for his first checkup, I had a really good talk with myself. There was some serious crying involved, and I think some sobbing occurred. I allowed my shoulders to slump and my head to rest in my hands. I already knew I wasn’t going to be a perfect mother. The only thing I knew for sure was I wanted Michael to gain confidence about God and not learn to fear the world. As I had often reminded myself, *Thankfully, I know God.*

Oh, and thankfully, I married Dave. He is the normal half of this couple. Aside from a few bullies he encountered on his way to parochial school, he managed to come away from his childhood relatively unscathed. I knew he would be my balance. Every time I “over worried” about Michael, I knew Dave would help me get perspective and remind me to trust in God.

Though I still worried about mad cow disease and earthquakes, in the days and weeks to come I had many opportunities to shed layers of my own insecurities and childhood experiences through Michael. Every time someone looked at Michael and



gasped, I had to take a deep breath and be willing to not allow someone else's response to shape our movement in the world. In the end, we still had to go to the grocery store.

After his first surgery there were plenty of negative assessments projected about Michael's future from well-meaning physicians, and from time to time we heard unthinking comments from strangers. In these situations I would remind myself that God is a miracle worker. I had to focus not on what a test or individual said, but on the bigger picture: The Lord was powerful enough to take the scar on Michael's face and any physical or emotional barriers caused by it and turn them into strength that Michael could use to fulfill his purpose in life.

On days when I was particularly caught up in concern for Michael, I would reflect on a thick file that followed me throughout my education. It was filled with worst-case scenarios and negative outcomes. The assessments and predictions in the file were probably accurate, but nothing in my file took into account the wonderful people who would help me and the other blessings only God could have sent. Remembering people who helped me and staying focused on that help gave me much hope for Michael.

With help I did reach far beyond assessments and labels to find success in areas such as speaking, writing, and teaching—success many people would have deemed impossible. That is really the essence of my story: Anyone can succeed with support and sometimes alternative methods to achieve success.

Nothing can prepare a parent or caregiver for special issues such as birth defects, learning disabilities, and other hidden and

not-so-hidden handicaps, but we need to know, believe, and affirm that—just like me—Michael (and every other child for that matter), can achieve his potential regardless of a negative outcome predicted by a standardized test or medical assessment. Even if there are real physical, learning, or emotional challenges, it is important to realize that most limits are projected onto us. Sadly, if we hear enough about limits, in time we begin to believe in them.

While my inclination, and maybe yours, is to envision worst-case scenarios, we really don't have time for them. All children can succeed, but they need our love, our support, and most of all, our belief that they are more than the sum of their disabilities. We need to envision their success and help them see it too.

With personal experiences still fresh in my memory, I could view life and other people through a narrow prism of diminished potential and disabilities. My faith in God has enabled me to rise above this “deficit model” and strive to be a parent and teacher who believes in the greatness of a child even when he or she is running around the room for no apparent reason or is unintelligible when speaking. Not long ago, that was me. I can see that with effective strategies and methods, even a child who can't pay attention long enough to write his or her name can eventually write an essay.

Experiences as an LD (learning disabled) child have made me want to give nothing but my best as a teacher. I set the bar high and pray that any special child with whom I have contact will progress beyond any lesser assessments made about him or



her. As a parent of four children, even with all my limitations, and even while worrying about pesticides and their potential to cause cancer, I have learned to have high expectations, draw upon strengths in my children, and act as their advocate. Above all, in every role I hold, I pray that God will direct and guide my path, giving me wisdom.

If you are a parent reading this book and you are discouraged, please take heart. Kids can overcome, go around, and go under the challenges before them. It does take intervention and strategies to make progress, and the path each child takes may be different from what we expected. Hopefully, we can change our mind-sets and view kids not through our measure of success or past failures, but through their best efforts at the time. God doesn't make mistakes. The precious children we are given, while challenged in whatever way, have a purpose and a mission. It is up to us—with help in this endeavor—to find that purpose and mission.

If you are a teacher and wondering how in the world you will ever stay in the profession because it is taxing emotionally and physically, hold on. Focus less on predictions and more on what you can do today to make a difference in that certain child's life. Make personal connections with students and continue to search for new strategies that will make a difference. Above all, keep praying that whatever you can't provide, God will.

If you are a student reading this book, and you have learning issues or other special needs, I have a message for you. You can achieve almost anything that you want to in life. So many

of the things that still challenge me—writing, reading, and in some cases speaking—are now the very things at which I make a living. I stare at a blank page knowing in advance that I will get much of the spelling wrong, that my grammar will be less than perfect (an understatement), and that some words will be written backward or omitted. The good news is that it does get better. The more you hone your skills and develop your strategies, the easier it will become. I keep facing that blank page, using technical aides such as spell check and depending on other people for support, so what I write will make sense on paper.

I can't do anything alone. I often need audio books to help with reading or have someone read out loud what I need to learn through the written word. In almost every way, I have to ask for help. You might need to ask for help too, but there is no shame in that. Just think of it as moving one step closer to your dreams and goals.

What truly makes even the most difficult experience bearable is faith that God has an intention for my life. He gave me strengths, and I am able to see those now amid and beyond the challenges with which I was born. I have a purpose, and I cling to it knowing I was intended for greatness and a higher calling. This is what enables me to get up in front of a room filled with administrators and teachers and speak, when I know full well I was a child with a speech impediment. Raise your expectations for yourself high, even if no one else does, and believe you can and will achieve a great purpose in life.

I pray whoever reads this book will be inspired knowing that

God can use even the least of these to make a difference in the world; that our limitations are not larger than His plan for our lives.



This book is divided into two sections. First is my story—all the ups and downs (and I mean that literally) of being a learning-disabled, visually impaired child who experienced hyperactivity and attention problems. Thank goodness (I’m kidding) I had all kinds of other “at risk” factors too. I included all the exciting details to ensure that readers would leave grateful not to be me and sure that if I could make it, anyone can.

Chapter 14 is a resource section. Don’t begin yawning yet. The information in this section is terribly exciting because it deals with getting help for your child now. It was written for every parent who has been left wondering why his or her child (the one who can tell you the meaning of life, but can’t tie his shoes; the one who is really smart, but still can’t read) will be called a disciplinary problem long before that child will ever be recommended for special education services. Ten-dollar phrases such as “multi-disciplinary team” will be defined, and the challenges associated with obtaining special education services will be demystified. The good news: It won’t hurt a bit and you could leave with a toolbox full of suggestions and ideas that will be immediately applicable to your situation.

For those who don’t have a special-needs child but are challenged by a great kid who is driving you slightly crazy—all I can say is “Welcome to parenting.” I have four kids who are all set

on one speed: fast. But each has different social, emotional, and learning needs. Did I mention they all move really fast? Though each child is different from every other child, my teaching and parenting experience has helped me glean useful, sound, and practical tools for raising children. I have offered my foundations for parenting hoping you will be able to take less headache medicine and enjoy your kids more.

May my story make you laugh a little and be encouraged a lot. And may the resource section of this book give you just enough advice and encouragement to enable you to dive into parenting with renewed enthusiasm and optimism about your child's future.



# And Then There Was Me

*My parents learned quickly that there is no handbook for raising a special-needs child. Doing the best they could was the order of the day. Trusting their instincts and looking for any possible solutions, they struggled toward the goal of getting me through my first few years. Amid all my failures, my mom tried to see the bright side, looking hard to find anything I was good at, teaching me even the most basic skills so I could receive some small measure of praise.*

There was a lot of hand-wringing the day I was born. The chord was around my neck; my head was blue. It was a moment of crisis. “Chances are she will be fine,” everyone said. While no one will ever know for sure if my learning disabilities were caused by a lack of oxygen at birth, I am convinced that as lovely as blue is, it is best if you don’t start out that color.



I would like to tell you I know where it all began—where my learning issues, vision problems, and the rest came from, but the truth is, there is no perfect trail. I do know that in my family we have some fascinating people. While successful in their own right, these individuals I know and love spent many hours with dunce caps on their heads. Like me, they are a different kind of smart. They figured out ways to get through the system. They found ways to be successful in life, though most people in school would have said that their futures were, well, questionable. Dropping out of school to help out on the farm allowed them to escape and find another way. Maybe heredity played a big part in my whole “learning disabled” life story, but even if it did, we won’t ever know for sure. The only thing I’m sure of is that I was not dropped on my head as a child. Well, at least no one will admit to it.

My parents got quite a dose of reality when I came home from the hospital. After having my sister, who was and is quite perfect (she could be quiet when told to do so . . . who knew?), they thought, “Hey, why not have another?” Then they got me in all my glory—so unlike my sister. Isn’t that just the way of it? You have the baby that sleeps through the night and think the next one will do the same. Presto, you get a baby with colic or some other ailment that, while not life threatening, wreaks havoc on the amount of REM sleep anyone will be getting for several years.

#### WHEN IT RAINS, IT POURS

Well, there I was, filled with all kinds of reasons to cry. And cry I did. My back seemed to hurt for no apparent reason. Maybe it

was actually my stomach that hurt. It was hard to tell. It was difficult for anyone to hold me, because I was so uncomfortable. My eyes were glassy, my nose ran, and I had ear infections, diarrhea, and colic.

There were many trips to the doctor and lots of antibiotics to cure the ear and respiratory infections that never went away. My parents and doctors thought I might be allergic to my milk-based formula, but I had so many symptoms that no one knew for sure. Switching to a soy-based version seemed to make everything worse. Was I allergic to both? My parents were exhausted, frustrated, and, dare I say, irritated, because there were no good answers to help me feel better.

At one point a doctor thought I was a gamma-globulin-deficient baby and nearly killed me with a treatment for an illness I didn't have. Oops!

Though colds, ear infections, and the like would follow me for years, it never occurred to even the most seasoned professional that I wasn't just mildly allergic to the most ordinary foods, including soy and milk. Actually I was severely allergic. While I still get a rash from fresh-cut grass and wheeze due to dust mites, I am most allergic to common foods such as oats, wheat, all forms of gluten, barley, corn, spelt, rye, food additives, onions, soy, all dairy—should I keep going? Though it is unclear if heavy antibiotic use throughout my childhood caused or at least exacerbated the problem I had with food allergies, other people in my family have similar allergies, so there may be a genetic link. We do know that if I so much as look at wheat, my ears itch. Lovely, I know. People think I am naturally thin. The truth is I am just really hungry.



Given few answers, my parents did the best they could to keep a sleepless, uncomfortable baby happy. It wasn't easy, but we all got through it. As I grew, I slept a little more and cried a little less, but I was still a handful.

With glassy eyes and a runny nose I persevered through early developmental steps at a snail's pace. I tried to roll. Nothing. I eventually would get it, but the slow start to rolling would become the story of my life when it came to movement. I was slow to crawl and never did crawl like other children. I put my elbows out in front and dragged myself. This delighted my family, because "Anything is better than nothing," they would say. Others would observe me with concerned expressions, convinced my mom was out of touch with reality as she proclaimed I was crawling when what they were seeing was obviously dragging. My mom was unfazed. I was a crawler, and nobody could tell her different.

I went from dragging to standing to walking. Not at the times I should have, but again you couldn't tell my mom that. She was just glad I was upright. But even Mom had to admit that there was something wrong with me. The dragging "thing" she chalked up to a special kind of "giftedness." She reasoned that I had developed a new way to crawl. When I stood, though, it was clear I wasn't gifted in motor coordination. I fell all the time. I fell over things, into things. I even fell up things. I was an accident waiting for a place to happen. Maybe I *was* gifted. I actually found a way to fall over things that weren't even there. I would love to tell you that everyone around me realized it wasn't just that I was uncoordinated. But my family was overwhelmed with

my other issues and didn't understand that the reason I opened cabinets and hit myself in the head was that I had a *vision* problem. Well, actually, I had vision *problems* (multiple) and was hyperactive, oh and let's not forget—impulsive, uncoordinated, and fearless too! By the time I was three, I had been severely burned from placing my hand on a hot stove burner (after being told not to by a well-meaning, but dense, caregiver). I also put a coat hanger in my eye, stepped on a rusty can—after my mom pointed it out and said “Don't step there,” got a concussion by placing my head under my sister as she did a walkover, and fell on the tip of the base of a rocker while someone was rocking. I had more childhood accidents than a family of 20 kids.

My parents realized there was a problem with my vision when they saw me run into a post and tell it “Excuse me” (suggesting I thought the post was a person). Soon after that, something terrible happened. One evening a drunk driver hit the car my mom and I were in. My head smashed into the steering wheel and dashboard, and I got cuts all over my forehead and left eye. Plastic surgery repaired my face, and my mom took me to an eye specialist to determine if I had any vision loss due to the accident. Mom thought I was kidding when I told the nurse in my lisping voice that I couldn't see *anything* on the chart. When the nurse left the room, my mom told me to stop this silliness. I told her I wasn't being silly. The doctor confirmed that I wasn't joking. I actually couldn't see the ducks on the chart or much of anything else. I was nearly legally blind in my left eye and missing about 25 percent of the vision in my right eye. That explained the whole falling-up-the-stairs thing.



At age three I was given a pair of glasses. The lenses were so thick there were no frames able to hold them. We eventually found a pair. A real doozy, I might add—big and brown. In addition I was diagnosed with amblyopia (lazy eye) and given a plastic patch to place over the side of my glasses covering my best eye. *What, are they crazy?* I thought. *I have one good eye, people.* But there it was: a beautiful plastic patch. The theory behind this treatment was that with my good eye covered, my bad eye would have to work extra hard. That is a swell idea in theory. In practice, well, I'm not so sure. I'm just glad I was slow, because when people called me a four-eyed pirate, I thought they were giving me a compliment.

My glasses were a big help. I could see but still had depth-perception problems combined with lack of coordination and hyperactivity. Let's just say that I hit a lot of things going really fast. I still fell and had accidents, but with glasses at least I could see everything more clearly when I hit it.

As I'm sure you've already gathered, I had what is now called attention deficit/hyperactivity disorder. Back then, there was no such diagnosis. People just called you really annoying. I talked too much, too fast, and most of what I said didn't make sense. I moved too much and too fast with no forethought. I never needed a nap. Never needed sleep. I was inattentive and distracted 24/7. I was everything you have ever thought of when you think of ADHD: impulsive, fearless (in a dangerous way like running in front of a car because it seemed like a good idea at the time), random, and impatient. I was so busy moving, there was no time to plan, think, or anticipate. The results of my mis-

placed random energy included broken dishes, saying the wrong things at the wrong times, moving too fast, and moving too soon. Add being uncoordinated to vision and hearing problems, and you have a recipe for disaster.

When this is who you are, you operate in your world without realizing that you are really irritating. That is, until someone (actually many people) calls you an idiot (neighborhood kids who shall go unnamed) because you don't understand knock-knock jokes. Or a relative (well-meaning I'm sure) says loudly (believing all your ear infections have actually caused deafness), "What is wrong with her?" to your mother—who stands dumbfounded, unable to answer because she is overcome by the fact that her child has just spilled red punch on ivory carpet for the fifth time in less than 20 minutes at a Christmas party.

The truth is I was okay with me. My "slowness" kind of protected me from what people said about me or to me. I got to live in my own world and I liked it there. I was itchy and anxious and moving, but when that is who you are, you don't dislike who you are, until someone suggests (millions of times, and I am not exaggerating) that you should.

## DOING SOMETHING RIGHT

By age four, pretty much everything I touched broke, and my room was a wreck. Initially my mom responded in the obvious way. She tried to make me more mainstream by training me to "fit in." She used traditional discipline such as spanking (oh, and yelling too). While it certainly got my attention, it really didn't



work. You see, most of the time I wasn't intending to do something wrong, and I wasn't being openly defiant. I just thought putting shampoo all over the bathroom carpet was a good idea. Or I thought ramming my bike into our playhouse, because I didn't know how to stop, was better than landing on the neighbors' porch. I did so many things without thinking ahead. Lots of things got broken because I was simply uncoordinated and clumsy. You can't punish a kid for that, though secretly you might like to. My mom knew that spanking might be an appropriate response for some circumstances, but, in the end, I needed to be told what *to do*, not just what *not to do*. My mom knew my energy was a constant; it wasn't ever going to go away. So rather than fight it and get mad at me all the time, rather than say "Sit down and be quiet" all the time (a phrase that was said so often I thought it was my first and last name), she decided to give me something to do. Brilliant.

Mom tried to describe this new thing we were going to do. I was going to learn how to make the bed. My eyes darted all over the place. I fidgeted and bounced around. My mom stopped short, looked me in the eye, and said, "Shari, energy is good, but I don't think you are going to be able to learn how to make the bed if you have this much energy running around inside you. What do you think we can do to get rid of some of that energy?"

"Running around my head," I answered.

My mom had no idea what I was talking about, but she told me to carry on. So I got my pillow out of my bedroom and placed it in the center of the living room floor. I moved all of the living room furniture out of the way and lay on my side on the



floor with my head on the pillow. I revved up my internal engine and began running around my head. When I had run around my head several times, I moved the furniture back and blew my bangs out of my eyes.

“Okay, Mom, I’m ready now,” I said.

My mom replied, “Shari, you are a very good head runner. I had no idea you could do that. But here’s a little tip: Don’t do it when your grandma comes over. She won’t get it.” I nodded in agreement.

Mom will tell you she was just flying by the seat of her pants, but when you look at what she did, it was pretty clever. I was totally disorganized, I was not really good at anything, I was always doing the wrong thing with my energy, and I rarely got praised for doing something right. Enter bed making. It took a long time to learn how to make a bed. I was a little slow on the uptake, but once I got it, I seriously made making the bed into an art form. My mom broke it down into little steps. She had to reteach me several times how to make the bed. When I could do it on my own, I received praise—so seldom heard by my little ears. It was like pixie dust. I was so excited about the idea that I was actually doing something right, I would make the bed over and over again just to hear my mom say I had done a good job. The only problem was that I got so into bed making that when my sister got up to use the bathroom in the middle of the night, I would make the bed while she was gone.

It was obvious that I could learn, just very slowly. It also was obvious that while not born with an innate sense of organization, I could learn organizational skills. It was also clear after



watching how I would repeat the process of bed making over and over, that repetition was soothing, and external structure created some type of internal calm. Maybe by organizing the outside, my inside felt more orderly.

Who would have guessed that bed making would change my life? But that was only the beginning. I soon learned how to do the dishes and other chores around the house. My mom would praise me, so I would keep doing the task over and over. I may have repeated tasks to the point of strangeness, but it's hard to get mad at a kid for incessant cleaning. When is the last time you said to a kid, "Could you stop washing the dishes please?"

My mom saw that even as a world-class bed maker, I still had problems. If I was interrupted while doing the dishes or some other task, I would have to start over. I may have started over because after being distracted, I forgot my place and had to return to the beginning. Or it could be that after being disrupted, it felt uncomfortable to start in the middle, so I returned to the beginning. Or it could be that I just liked the feeling of cleaning. All I know is that at the least disruption, I would start over. At first glance that doesn't seem like a big problem, but due to my high level of distractedness, no task ever got completed.

Seeing the problem, my mom suggested I talk to myself throughout tasks. If I ever got stuck after a distraction, I could talk myself through the steps of the task rather than redoing everything. Though this method worked most of the time, it was a little odd to see a four-year-old doing repetitive cleaning while talking to herself. While not something to really brag about, it is better than grape juice spilled on a white tablecloth, if you get my drift.

Soon my room was clean and the dishes were done. I needed a new cleaning chore to conquer. How could I have known that hidden in our front hall closet was the love of my life—our Hoover vacuum. I had seen it done before. My mom, my dad—they vacuumed. Wow, big deal, right? Well, until you hold the handle in your four-year-old hand and take control of a machine that can potentially suck up a Lego, you don't know what vacuuming is all about.

Let's just say that the “exterior organization creating interior calm” really kicked in with vacuuming. Our vacuum made lines on the shag rug. Does everyone know about this? I was shocked. That is where those lines were coming from. Now I was making lines and making more lines and making perfect lines. I was so concerned about perfect lines that I would walk on furniture to ensure that I didn't disrupt the perfection of my carpet lines. It made me hyperventilate when people walked on my lines. Mom sometimes had to get me a brown bag to breathe into when guests came over. To get into our house they had to walk on my lines. Arghhh!

To this day I am still making beds, doing dishes, and leaving perfect lines on shag carpet. When my husband married me, he had no idea how important lines on the shag rug were. He does now! I haven't convinced my four children, my husband, or our guests not to walk on my lines, but I secretly still hyperventilate when someone steps on our shag rug. By the way, I still talk to myself when I clean. While I still use this as a device to keep me on track amid many distractions, it could also be a sign of some type of mental stress due to having four children.



My mom had no idea what to do with her child who was up at dawn watching the test pattern on the TV. She had no great master plan to help me stop being, well, strange. What she did, though, is commendable. She loved me and took one day at a time, at every opportunity attempting to help this little bundle of inadequacies find a place in the world. With her help I became more organized—rigidly organized is more like it (more on that later)—and, in turn, more calm. I still didn't get jokes, puns, or social cues. I was still clumsy and awkward, but I could make a bed, by golly. Even though kids in the neighborhood called me names, I was unharmed by their words. I just thought they hadn't caught on to my genius.

I felt sure it was just a matter of time before I would stun the world with my unique talents of dishwashing and head running.

# Glossary of Terms

**Attention Deficit/Hyperactivity Disorder.** Individuals with this disability exhibit inattentiveness, impulsivity, hyperactivity, or a combination of these. Persons with the hyperactive form of ADHD often display high levels of non-goals-directed activity.

**Autism.** A behavior disorder characterized by impairment in social communication, social interaction, and social imagination. Those with autism often have a restricted range of interests and display repetitive behavior mannerisms, along with altered reactions to the everyday environment.

**Inclusion.** A special education delivery model that involves serving students in the regular education environment.

**Language-Based Disorder.** A deficit or problem with any function of language and communication.

**Learning Disability.** In simple terms, the gap between IQ and achievement. A student with a learning disability typically has above-average intelligence, but his or her performance academically does not reflect his or her intellectual ability.

When a student is referred for services due to a suspected learning disability, testing is done to determine IQ, and cognitive tests are done to determine ability. When there is a gap between IQ and performance on cognitive tests, a learning disability is frequently diagnosed.

Usually the diagnosis of a learning disability will be accompanied by a commentary discussing strengths and weaknesses in



functioning and in some cases offering a specific name for a particular learning disability, such as dyslexia.

TYPES OF LEARNING DISABILITIES INCLUDE:

**Dyslexia.** A specific reading disability in which individuals find it difficult to recognize individual letters and whole words. Characterized in part by reversals of letters.

**Visual-Spatial Dyslexia.** Characterized by trouble recognizing letter symbols and sight words.

**Auditory-Linguistic Dyslexia.** Characterized by difficulty sounding out words that are not known. Individuals with this disability often have unusual spelling and misreading errors that are not phonetic.

**Dysgraphia.** A learning disability characterized by the inability to sequence words, use proper punctuation and grammar, and express thoughts in writing.

**Dysphasia.** A learning disability characterized by the inability to process spoken language. It may include the inability to express thoughts verbally. In other words, a child doesn't follow directions, doesn't remember what was said, and struggles to tell you what he or she needs, wants, or means.

**Sequential and Spatial Dyscalculia.** A learning disability affecting memory, spatial orientation, visualization, and attention to details or symbols. In other words, a child can't remember where he is or where he is going, and can't recall how to read a sign or symbol on the way—but will run all the way there.



**Articulographic Dyspraxia.** A learning disability affecting the ability to read orally.

**Vestibulo Cerebellar Dysmetria.** Refers to eye movements that cause words to blur and a child to lose his place in paragraphs and omit words.

**Mainstreaming.** A special education delivery model that involves serving students in a separate special education classroom and allowing students to return to regular education for subjects only when mastery has been achieved.

**Obsessive-Compulsive Disorder.** A psychiatric disorder; more specifically, known as an anxiety disorder. OCD is manifested in a variety of forms, but it is most commonly characterized by obsessive, distressing, intrusive thoughts, and related compulsions (tasks or rituals) that attempt to neutralize the obsessions.

**Sensory Integration Deficit.** The inability to filter information through the senses and use that information and respond to it.

**Spectrum Disorder.** The phrase “Spectrum Disorder” is often used in conjunction with issues such as Asperger’s syndrome and autism. There is a continuum along which you will see varying degrees (a spectrum) of certain characteristics that are viewed as markers for disorders such as autism or Asperger’s syndrome. If they are mild, these characteristics may be viewed on one end of the continuum leading to a diagnosis of Asperger’s syndrome. A more intense display of the characteristics will lead to a diagnosis of autism.

# Resources

**Behavioral Therapy.** As a part of overall treatment for ADHD and issues that have neurological and behavioral components, it is essential that individuals be taught strategies to be used in school, home, and social settings. These strategies should be used in conjunction with any other form of therapy, such as medicine.

**Educational Therapy.** A therapeutic approach for the treatment of learning disabilities developed by the National Institute for Learning Development (NILD), educational therapy focuses on the development of clear, efficient thinking. Students are taught strategies that enable them to overcome specific learning weaknesses.

While tutoring typically focuses on content, educational therapy builds efficient learning processes. NILD Educational Therapy teaches students *how* to think rather than *what* to think. It is skill-oriented, improving basic learning skills so students can learn, retain content, and be successful students. Students become better able to:

- stay focused on the teacher's voice
- read and understand what they have read
- accurately hear and remember what the teacher is saying
- read visual information on the board, transparencies, or computer screens
- understand the main points of what the teacher is saying and decide the significant information to record





- remember how to spell the words being recorded
- record information legibly

For more information visit [www.NILD.org](http://www.NILD.org)

**Sensory Integration Therapy.** Often offered by occupational therapists, Sensory Integration Therapy offers assistance to individuals who have difficulty with the way their senses receive and respond to stimuli. Therapists can teach parents how to replicate therapy strategies at home to increase the intended outcome.

**Vision Therapy.** Many vision problems such as eye-movement disorders, binocular dysfunctions, focusing disorders, strabismus, amblyopia, and perceptual-motor dysfunction can be significantly improved through optometric vision therapy. Vision therapy, an optometric specialty treatment, has been clinically shown to be an effective treatment for accommodative disorders (non-presbyopic eye-focusing problems), binocular dysfunction (inefficient eye teaming), ocular motility dysfunctions (eye movement disorders), strabismus (turned eye), amblyopia (lazy eye), and perceptual-motor dysfunction.

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