

ATTITUDE

STRATEGY ONE

Believe in Possibilities

You might guess from my history that my first strategy is that students with learning challenges, and those who advise them, must believe in “possibilities.” Success and achievement are about “possibilities,” not about “limitations.” It is a crucial matter of attitude.

At many stages of your journey you will face predictions that will seem to set limits on accomplishment. Diagnosis itself can seem to place students into limiting cubbyholes rather than to liberate them to pursue known solutions. Labels frighten, paralyze and taunt. Focus can easily shift from *can do* to *can't do*. It is crucial to recognize that any evaluation or judgment is an opinion subject to error and is a

snapshot in time subject to change. I am not against acceptance and realism, but always leave room for hope.

I am warning against blindly accepting the experts' recommendations. The doctors, evaluators, administrators, teachers and all the others who pass judgments about a student are most likely very competent. The opinions they offer might be very professionally based, and I am sure they have the best interests of the student at heart. But always remember that they can be wrong. They can underestimate your student's potential. I am warning against accepting expert opinions and testing results as limitations carved in stone. It is not that I do not respect the experts; they are often right. It is not that I discount the value of standard assessments; they are great diagnostic tools and can highlight legitimate strengths and weaknesses for future focus. But the student with challenges, and his or her advisors, cannot allow either the experts or their assessments to become "limitations." The students and their advisors must learn to look beyond these indicators for each student's individual strengths and motivations that can empower them to mitigate often-dire predictions.

Standardized, diagnostic tests are extremely useful for getting "a handle" on a student's present level of performance, for understanding their learning strengths and

weaknesses, for measuring trends in their acquisition of skills and for exposing areas of continuing weakness.

However, my experience is that most testing done by public agencies is designed to identify weaknesses and to qualify the student for special services. It is important not to be overly discouraged by the deficits these test results expose and to remember to focus on the student's strengths as well. You need to understand that when a student takes these tests, more often than not, the desired outcome is for the scores to reflect the student's deficits and their need for specialized services and accommodations. This is terrific when you are looking for services, but it can be counterproductive when you are applying to colleges or other programs. In these cases you want the testing to demonstrate "competencies" and "suggest" the possibility of success in specific programs.

Diagnostic testing usually results in a "label" for the student's disability: Attention Deficit Hyperactivity Disorder (ADHD), Learning Disability (LD), Autism Spectrum Disorders, and so on. These particular labels generally correspond to definitions in the DSM-5. The DSM-5 is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association. In addition to defining criteria for the classification of mental disorders, it defines personality disorders and intellectual disabilities as well as assessments of functioning for children.

The definitions and “labels” are used by most private evaluators and insurance companies in determining what services they will offer or cover. Public school districts have similar classifications. If students’ present characteristics of ADHD or Asperger’s and these behaviors interfere with school participation in some way; the school might classify the student as “Other Health Impaired.” Sometimes the classification of “Emotionally Disturbed” is used if the student has significant emotional/behavioral challenges that interfere with learning. “Learning Disability” is another educational label.

While some parents understandably resist labeling their children in this way, it is generally necessary in order to qualify for services within a school district or for insurance coverage. Neither parents nor educators should be held captive by these labels as indicators of potential achievement. They do not define the child, only some of his or her deficits. The DSM and school classifications have changed over time. The most current revision of the medical manual is the fifth edition (“DSM-5”), 2013. Some educational classifications changed when the federal law guiding special education services was revised and renamed from PL94-142 to IDEA in 1990. Criteria for these classifications have also changed as new information about various learning challenges has developed.

As you can see, definitions can change substantially over time, sometimes a relatively short time. The definition of a “label” for a deficit learned by a teacher or lay person during their training several years ago and definition for the same “label” applied to your student today might have changed significantly. Prejudices and misinformation can easily attach to labels. It is important to always keep in mind that every child is “one of a kind” even when labeled according to the DSM-5 or IDEA, and it is important to remember that no labeling is static.

Students with learning challenges and those who advocate for them should not allow these labels to become barriers and must constantly encourage others to look beyond students’ labels to their individual potential.

Parents, educators and evaluators need always keep in mind that the student with learning and or social challenges is much more than his or her paperwork. Miracles happen and possibilities are endless. Both the student and those who advise him or her need to believe this in their hearts. Almost as importantly, they need to devise strategies to convert others to this “attitude of possibilities” throughout the student’s academic career.

On the drive home from the hospital the night of my surgery, my parents tell me that they found themselves on an icy highway behind a rusty old clunker that sported a bumper

sticker that said, “Expect a Miracle.” It was timely and profound advice for them that night and for all of us who deal with challenges.

Checklist for Strategy One:

- Believe in possibilities.
- Look beyond limitations.
- Use diagnosis and labels to qualify for services. Labels do not define the student.
- Believe in future miracles, but recognize today's realities.

Especially for:

Students

Do not let your diagnostic label limit your dreams. Try to nurture your courage to “dare” to be all that you can be. You have a unique brain. It is not like everyone else’s. It “learns differently.” There might be tasks that you cannot do or do well today. But you are young and your brain is “plastic,” meaning that it grows and changes every day. There is no way for you or anyone else to know what your brain will be able to do tomorrow or next month or next year. You will never know if you do not “dare” to keep trying and experimenting. You will stumble often (safety nets are good things) but failures need not break you and you must have the courage to “dare” to have a chance of winning.

Parents

As parents, you are the student’s foremost mentors and advocates. You are responsible for nurturing your children’s belief in themselves, for encouraging their dreams and for maintaining their motivation. You are “the keeper of the flame” that is their hope of achieving their dreams. It will always be a tug-of-war between hope for the future and enough acceptance of the current reality to seek and find the services needed today. Truly, neither you nor anyone else

knows what this child can achieve. It is your job to celebrate all successes and to keep all possibilities open. You must believe.

Educators

When reviewing a student's documentation at the beginning of the year, bear in mind that at best it represents only "a snapshot in time" of the student's skills and deficits. Do not let the student's diagnostic label define or limit your expectations. Your job in the limited time you have with that student is to change that snapshot for the better, hopefully a lot better. Your challenge is to find the unique key that unlocks the mind of that student to new concepts and new ways of learning. Many of your students can be reached by any competent teacher and they will thrive with routine instruction. This *individual* cannot. This student is largely dependent on your insight and imagination and your will to find the unique light that illuminates their path. It is a heavy burden, but also a great opportunity: With this student; you have the potential to truly change a life.