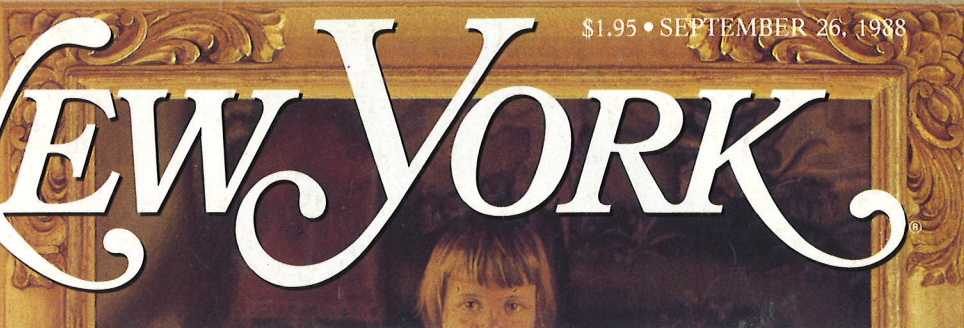


'SAMO IS DEAD'—PHOEBE HOBAN ON JEAN MICHEL BASQUIAT

\$1.95 • SEPTEMBER 26, 1988

NEW YORK



74 Learning the Hard Way

BY MELINDA BLAU

Many children labeled emotionally disturbed have average or above-average intelligence. But, one theory holds, their brains are "wired" differently from their "normal" classmates. Their condition is called LD, which stands for "learning disability," and up to 30 percent of New York City students fit into this category. Adults who encourage children with LDs can help them gain self-confidence and lead productive lives.

SEPTEMBER 26, 1988—VOL. 21, NO. 38

LEARNING THE HARD WAY

HOW TO HELP CHILDREN TRIUMPH OVER LEARNING DISABILITIES

BY MELINDA BLAU

BY THE TIME SHE WAS IN the twelfth grade, Jessica Dupont* thought she was retarded. In the early years, she had fooled teachers by memorizing the lessons her classmates

read aloud. When she was twelve and her parents separated, she began to pull out her hair—literally. She was labeled emotionally disturbed. Her divorced parents argued over who had done the most harm, and Jessica continued to fail—and suffer.

□ At fifteen, Jason Leigh had retired—from school, from his classmates, from the basketball team. Withdrawn, angry, he turned to drugs. When his school suggested he go elsewhere, his parents grounded him and said he'd better start working harder—or else. They felt guilty and frustrated, not to mention angry at the expensive private schools and tutors they had paid over the years to correct Jason's "reading problem."

□ Michael Elliott was a sickly child who had been in and out of the hospital more times than his mother could count. When Pamela Elliott began taking him around to various kindergartens, every

*The names of all of the parents and children in this article have been changed.

interviewer told her the same thing: "He's bright, but . . ." At the end of first grade, it still took Michael fifteen minutes to read *c-a-t*; his school said that was the fault of his parents and advised them to see a psychiatrist.

□ Nicholas Sandford was a failure by the time he was in nursery school. He couldn't draw an X or pronounce words correctly or run down the block without tripping over his feet. He was the sand-box bully, always hitting other children or taking their toys. His mother blamed herself and eventually sought psychological help for Nicky.

JESSICA AND JASON AND Michael and Nicky are among the millions of American children who find themselves labeled slow learners, retarded, emotionally disturbed.

Their parents and teachers often call them difficult, frustrating, even bad. Yet all of these children are of average or above-average intelligence; they are considered psychologically normal, and they have normal sight and hearing. But they just aren't like their peers, and they never will be: Their brains are structurally different. Recent research utilizing brain-scanning devices points to an underlying

neurophysiological basis for their problems.

The fashionable abbreviation for their condition is "LD," which stands for "learning disability," "learning disorder," or "learning difficulty," depending on one's orientation. Some therapists prefer "learning difference," which implies not so much a disorder as a condition that needn't be stigmatized.

Last year, 70,000 New York City public-school students were classified as learning disabled. But there are probably 50,000 to 290,000 more children with LDs in this city who were not counted because they haven't been diagnosed or because they are in private or parochial schools: There were 1.2 million students in kindergarten through twelfth grade in the city during the 1986-87 school year, and most experts estimate that from 10 to 30 percent of the school population has some form of learning disorder.

Parents of children with LDs are often confused, guilty, angry, and isolated. They don't understand why their Jane or Johnny isn't learning, especially if they have shelled out \$5,000 to \$10,000 a year to make sure he or she does. The fact that some of the greatest minds in history (Einstein and da Vinci, for instance) have triumphed over this "hidden handicap" is of little consolation to the mother who

FORMULA FOR SUCCESS: *Parents can make a difference. Their nurturing can help a learning-disabled child function—even flourish—despite his disabilities, rather than back away from life.*

sees her eight-year-old straining to put his right shoe on his right foot.

Not even the wisest parents can eliminate a learning disorder—their children have, simply stated, a different kind of mind. Nor can parents alter the reality that most schools—even private schools—are not prepared to teach these children (box, page 81). But parents can make a difference: Their nurturing can help their learning-disabled child function—even flourish—despite the disability instead of growing into a fearful human being who backs away from life.

UNDERSTANDING THE PROBLEM



WHEN WE TALK about a learning disability, we're talking about a difficulty in acquiring, retrieving,

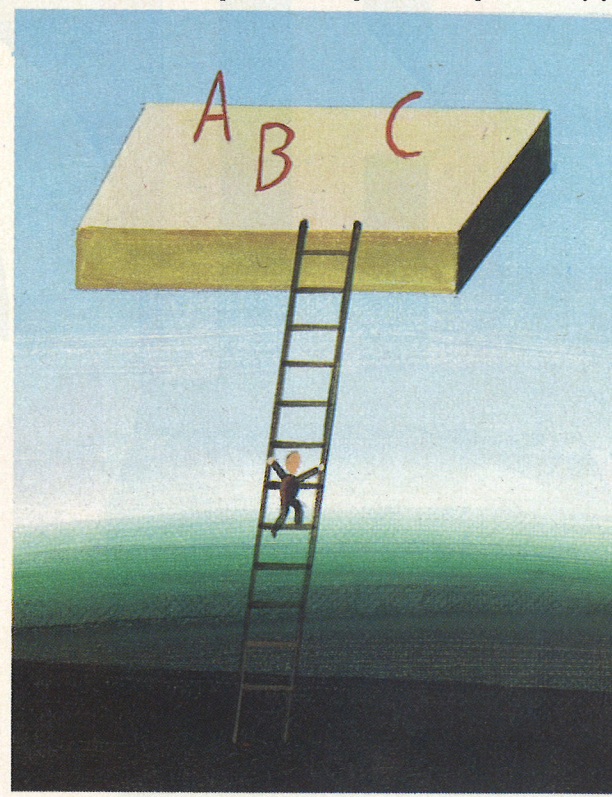
storing, processing, using, or expressing information," explains Lynne Hacker, a speech-and-language pathologist whose private practice is devoted solely to helping children, adolescents, and adults with LDs.

The term "dyslexia," often used interchangeably with "learning disability," refers specifically to any type of problem with language, whether it's speaking, listening, reasoning, understanding, reading, writing, spelling, or even arithmetic, which is a type of language. Many children have more than one problem. "The label is not as important as understanding where and how the disability affects children—and finding out what can be done to help them," Hacker says.

Parents who don't understand how a learning difference affects behavior may unwittingly form an alliance with the legions of educators throughout the child's school career who can't explain his erratic performance. Teachers may call the child lazy or willful, or say he's bright but doesn't apply himself, or commend his insightful comments but wonder why his intellect is not reflected in the tests he takes and the homework he turns in. ("He" is used for simplicity's sake. Psychologist Rosa Hagin, a professor in the Graduate School of Education at Fordham University, disputes the traditional

assumption that learning disorders occur four or five times more frequently in boys than in girls. She has concluded, based on her testing of 10,000 young children in New York City and suburban public schools, that boys more frequently get the LD label because they tend to express their frustration through disruptive behavior, while girls generally respond by becoming quiet and withdrawn.)

Irritated parents compound the prob-



"I felt like I was a complete failure," Jessica says. "I was the stupid one—my sister was smart. Every time a report card came out, I got yelled at. My parents thought I had no motivation. Eventually, I didn't have any desire to study."

Carole Dupont is still amazed that no one at any of the elite private schools she chose ever identified her daughter's problem. "I couldn't understand why every year she was having so much trouble just passing. She was so quick. I knew something was wrong. In fourth grade, I asked the teacher if she thought that Jessica had some type of learning disability. Her only remark was a condescending 'Don't compare her to her older sister.'"



HOW CAN A CHILD know how to spell or read a word one day and forget it the next? What makes him reply "Fine" to

the question "How old are you?" Why should a bright child of nine still have trouble telling time?

Some neurologists believe that the dyslexic brain is "wired" differently from the non-dyslexic brain. According to their theory, the right hemisphere of a learning-disabled child's brain is larger than the left hemisphere. These researchers suspect that during the second trimester of pregnancy, cells that should migrate from the right side to the

language centers in the left side don't get there but rather end up in the frontal lobe, where they do not mature.

A child with this kind of anomalous brain will have tremendous difficulty learning by conventional teaching methods geared to the "normal" brain. But if given help, an LD child can overcome the obstacles he faces: Language therapy tailored to the workings of the dyslexic brain can teach it to compensate for its deficiencies and maximize its strengths.

A learning difficulty can be inherited. The child's mother or father may have done poorly in school and may still not be much of a reader; his grandfather's bad handwriting and terrible spelling may be the stuff of family legend. Such problems may be indications that the parent or grandparent had an LD.

Signs of a dyslexic child's problems in



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NOTHING ATTRACTS LIKE THE IMP

CORIANDER SEEDS FROM MOROCCO ANGELICA ROOT FROM SAXONY JUNIPER BERRIES FROM ITALY CASSIA BARK FROM INDOCHINA

processing language usually surface long before he goes to school. He may speak a jargon that only the family understands, or, at 30 months, fail to speak even two-word sentences. (Early motor development may also be slow or uneven.) He may be incapable of remembering the order of words in a nursery rhyme or become bewildered when given simple directions, especially if they involve top and bottom, first and last, or other time and space concepts. He may confuse or forget the names of things. As one five-year-old puts it, "Me brain good, but me brain forgets."

AS THEY GET OLDER, THE same children whose charming mispronunciations—"psgetti," perhaps, or "aminal"—dot their early conversations may continue to talk "baby talk" because they don't understand which sound accompanies which letter or the order in which they hear certain sounds. They may be unable to distinguish among *p*, *b*, and *d*, learn words by sight-recognition, or write letters without reversing them. Although many of these problems occur in all early readers, they usually disappear by the end of the first grade.

By fourth grade, children with LDs

who have not been diagnosed may lag behind their peers by several grade levels, especially in reading. The gaps are puzzling: The children may be able to do tough math equations in their heads or reason through complex questions in science but make "stupid" mistakes on more elementary material; they may tinker with electrical circuitry, computers, and intricate model kits but never read directions.

Poor memory and difficulties with language affect all aspects of these children's lives. By the time they are in junior or senior high, many students are walking disasters, and they are at their worst in departmentalized settings. They may not be able to understand a roster, find the right classroom, keep five different notebooks, or bring in five different assignments. If they haven't gotten help from an educational therapist trained in learning difficulties, they will find it virtually impossible to handle higher-level reasoning, such as making inferences and associations, rapidly retrieving facts, using sophisticated language. And when they learn facts in a particular order or context, they're lost if they have to use the information in a different way.

The traits common to most dyslexics—forgetfulness, disorganization, and inability to discern verbal or visual cues—affect social behavior as well as academic

performance. A child may not be able to follow his mother's directions because his short-term memory is poor. He may be a sore loser simply because he cannot grasp (or, perhaps, remember) the rules of baseball (any more than he can grasp or remember the rules of language); he may talk too loudly or too long or make inappropriate remarks because he does not comprehend the unwritten rules of conversation. And though disorganized rooms are certainly not unique to children with LDs, very often such external chaos—as well as disheveled clothing, cluttered bookbags, or messy notebooks—is a reflection of inner turmoil.

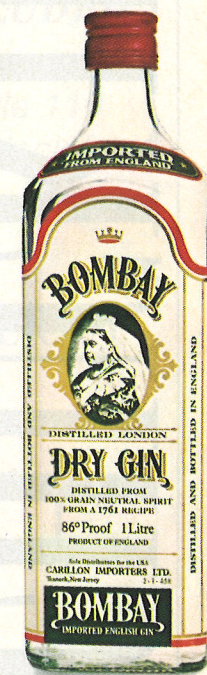
Emotional problems—from tantrums in the early years to truancy and drug use later on—are a direct result of the learning-disabled child's living life as a "failure." Rarely do children become depressed, give up on schoolwork, or get into trouble because they *want* to.

"We have to remember that children want to please their parents," says Naomi Stine, the special-education coordinator at JHS 143 in the Bronx, who also has a private practice in Chappaqua and Scarsdale. She acknowledges that parents will find it hard to accept the fact that their child has a learning difficulty—but she urges parents to pay attention. "Especially in homes where education is valued," she says, "if a child isn't doing



ORTED TASTE OF BOMBAY GIN.

ALMONDS FROM INDOCHINA LEMON PEEL FROM SPAIN ORRIS (IRIS ROOT) FROM ITALY LICORICE FROM INDOCHINA



well in school, parents need to find out why."

GETTING HELP

UNFORTUNATELY, TEACHERS may not have the answers. One outspoken observer, Iris Spanow, is a consultant to the Orton Dyslexia Society, an organization that provides information and support for parents and professionals in the field. "The system has disintegrated," she says. "Teachers can't identify the LD children because they have poor training. As a result, many of these children are *teacher* disabled."

If Spanow's appraisal is correct, parents can't necessarily rely on teachers, pediatricians, or even so-called remedial tutors to spot potential learning difficulties or help understand them. Indeed, all of the parents interviewed for this article were told that they were overreacting, that their expectations were too high, or that their child would "grow out of it." Mothers, especially, talked about having "gut feelings" that no one took seriously.

"I kept asking the school to have a psychologist test Michelle," says Susan Valente, who, as early as her daughter's second-grade year, was concerned about her

struggles to learn. "The [private] school was so sure about their selection process that they thought they would have spotted an LD. They told us to give her time to mature rather than giving her an elaborate psychological battery."

Dissatisfied, Valente went to a highly recommended private evaluator. "She gave us reason to believe that if Michelle had extra help, she'd be fine. She told me to read to her more and to provide a tutor for spelling and phonics. She never suggested that the school we'd chosen might be too hard for Michelle."

But it *was* too hard. Understandably, the Valentés had a tough time believing that such a good school wouldn't take care of the problem. "We didn't grasp that they had no specialized understanding of learning disabilities," Susan says.

All of the parents stressed the same thing: Trust your instincts. If you suspect a problem, don't give up until you find out what it is. And even if the school, diagnostician, or educational therapist has a fine reputation, you should have the final word; you know your child better than anyone else can.

Obviously, the earlier a child's problem is diagnosed and he begins getting appropriate language therapy, the better his chances of compensating for the disability and healing emotionally. A good evaluator will look at the constellation of

symptoms, both educational and psychological.

"The diagnostician has two goals: to look at all the pieces and see how they relate to each other, and to communicate effectively to both parents and child so they understand that the LD is nobody's fault and it must be accepted. Until that occurs, nobody can work with it," says psychiatrist Alan Wachtel, director of Familyhealth Associates, a multidisciplinary group that offers diagnosis and remediation as well as individual and family therapy. He cautions parents that they must pay attention to the whole child, not just his schoolwork: "If you don't address each of the points, you won't succeed."

Diagnosis starts with a comprehensive intake interview that covers family history and the child's health profile (including pregnancy and delivery). Then the child is given tests to determine his intellectual capacity, achievement tests to see what he has learned, and tests to uncover his attention span, how he processes information, which senses he uses best, and his coordination. A psychological profile is drawn up so the evaluator can analyze emotional blocks that might be impeding the learning process.

Once testing is complete, parents should insist on a thorough explanation of the written report. The evaluator

should make clear the purpose of each type of test and translate the educational terminology into plain English. It's not enough to know that a child has learning differences. Parents must be aware of specific strengths and weaknesses and understand how they will affect life at home as well as in school, social growth as well as academic development. They must ask questions. Will the child learn better from visual cues or from auditory input—and what can be done to capitalize on his strongest perceptual channels? What about attention span, short-term memory, organizational skills, motor development? Are certain aspects of the child's behavior subtle manifestations of the LD?

Many preteens and teens exhibit dramatic behavior problems, Dr. Wachtel notes. "Parents of an older child come in with a wheelbarrowful of reports. You don't ask what school he's in, you ask what's his *latest* school. And drugs have usually entered into the picture as well. "With LDs, self-esteem is immediately hit. School becomes a battlefield, so the home must be a sanctuary. The family has to work as a team. If these children have parental support, if home is a sanctuary, and if they get appropriate professional help, they should do very well."

ACCEPTANCE

TRULY GRASPING THE IMMUTABLE reality that your child's brain is different from other children's is the first step toward helping him overcome the obstacles he's bound to encounter. But guilt, denial, blame, anger, and a host of other human emotions may get in your way.

Acceptance comes hard for some. Jason Leigh's mother knew her son had a "reading problem" (that's what his tutor of many years called it). But she couldn't understand why he'd do well in some subjects and poorly in others, or why he always got into trouble in school—cheating on tests, cutting classes, lying about assignments, being generally disruptive.

When Jason turned fifteen, Ellen Leigh sent Lynne Hacker, the speech and language pathologist, a workup done when he was in the first grade; it reported that Jason had a "neurological lag" he'd outgrow. "When Lynne started to explain what dyslexia was—that his brain was actually different from other children's and that the first step was getting him to accept that fact—tears streamed down my face," Ellen says. "How could my son accept this when we hadn't?"

Her husband, Michael, was angry because he hadn't had the *chance* to be accepting. "I think we could have handled

COPING: "I must remember not to take 'simple' planning tasks for granted," one mother says, "and not to do things for Jason, but with him."

it earlier," he says. "I blame the tutor—here was someone supposedly professional and competent, and she never explained what his problem was."

Ellen, who had been a teacher, acknowledges that she probably was in denial about Jason's problem. "Once, hearing a news report about dyslexia, I asked the tutor if Jason had it. She told me she didn't like labels, but she never said Jason *wasn't* dyslexic. I heard what I wanted to hear, because I didn't want to think there was anything wrong with him."

Even after Jason's condition had been diagnosed, his parents found it hard to believe that much of his troubling behavior was part of his learning disability—that it was his poor memory, not irresponsibility, that made him "space out"; that what they thought of as "constant bulls---ting" might be caused by his inability to express himself clearly; and that the lack of organization that exasperated them was also characteristic of dyslexics.

"I was furious because four weeks after Lynne told him to get a month-at-a-glance calendar, he hadn't bought one," Ellen says. "Here was this streetwise child who'd travel up and down town on his skateboard but wouldn't get it together to buy a calendar. I believed he didn't want to help himself, but Lynne explained that he *couldn't*. He was paralyzed by the *thought* of going out to buy a calendar he had no idea how to use.

"This kind of situation still comes up a lot. Especially because he's a teenager and desperately wants to be independent, Jason won't tell me when he's overwhelmed or doesn't understand how to do something. I have to remember not to take certain 'simple' organizational or planning tasks for granted and at the same time not do things *for* him but rather *with* him."

Hacker spends a great deal of time counseling parents like Ellen and Michael Leigh, often easing their conscience about not having acted earlier. "Parents aren't given lessons on language and learning difficulties when they have children," she says. "Doctors don't even get courses on it in med school. Still, parents think they're supposed to have seen it. But it's not very easy to recognize. Many professionals miss it; many teachers too."

The guilt may be stronger if a parent has an LD. (Parents often discover their own problems for the first time when their child is tested.) The "normal" par-

ent may blame the other one, or the LD parent may deny the disability.

Blaming—the school system, the teachers, the other parent—is a natural stage for parents to go through, notes Dr. Sylvia Richardson, professor of pediatrics and of communication sciences and disorders at the University of South Florida, who often lectures about the impact of learning disorders on the family. "But parents are useless to the child while they're in that stage. They have to get past whose fault it is and why it happened."

The formula for success is very simple, she says: Children accept their differences and adjust if their parents do. "The children know. It doesn't matter if parents *tell* the children they're great. They'll know what their parents really feel."

BECOMING YOUR CHILD'S ADVOCATE

THE EXPERTS AGREE: SHOW us a child with an LD who is competent, who feels secure, who succeeds despite his differences, and we'll show you loving, supportive parents—informed advocates who stand by their child and do whatever is necessary to make sure he gets what he needs.

Pamela Elliott is one such mother. When her son, Michael, was in nursery school, he still couldn't talk well and his motor development was slow. Pamela found out Michael was learning disabled. It took him longer than other children to puzzle out what a word on the printed page sounded like. By the time he was in kindergarten, Pamela was convinced that no school in New York provided the kind of training her son required. She visited nineteen schools throughout the country and finally chose one in South Carolina. She moved there for two years so that Michael could get the academic foundation he needed.

Had Michael stayed in a "normal" school, he would have been given one book to read from, another to write in, and a different list of spelling words to learn—and he would have been lost. But at the South Carolina school, he was given the same words for reading, writing, and spelling. He was also given plenty of time—to practice over and over again, to ask questions, and to learn at his own pace in a setting that stressed individual

LDs NEED NOT APPLY

FEW ARE WILLING TO BE quoted on the subject, but New York City schools don't earn points when it comes to dealing with learning disabilities. Not even schools that have "exclusive" admission policies and hefty tuition.

An undercover researcher for this article called more than 55 private schools in the city, purposely omitting those considered "special." She said she was from California and was the mother of a fifth-grader with a mild learning disability who wanted to mainstream her child. Did the school have any type of LD program? And were teachers aware of learning-disabled children's special needs?

More than half of the schools issued a flat "no" to the first question, which made it seem unnecessary to ask the second. Of the 23 schools that did have some provisions for dealing with learning-disabled children, several acknowledged that the mother should still seek outside help for her child; others had resource rooms that would not be avail-

able after third grade; only three offered anything above the sixth grade.

Children in public schools don't pay for their special help—but they may not be getting what they need, either. Under Public Law 94-142, learning disabilities are considered "handicaps," which means LD children are entitled to be enrolled in special classes or be given extra help in a resource room within the school. A source in the public schools who preferred to remain anonymous confided:

"So many kids are now being given the label 'learning disabled' that we're getting retarded and emotionally disturbed kids in the same classrooms. Also, we used to put kids in special classes by diagnosis. Now we put them in according to 'educational needs.' You can't imagine what a mishmash it is!"

Thus, a learning-disabled youngster with an above-average IQ who's reading four years below his grade level could be in the same class as a retarded child or an older child who's emotionally disturbed. The needs of these children are entirely different, as are the methods for teaching them.

Ironically, the problem of grouping learning-disabled children with retarded or disturbed children exists in some "special" private schools as well. One mother who scoured New York City looking for a school for her bright, learning-disabled seven-year-old reported that while she was concerned about his learning to read, "the kids in special schools were still working on throwing out their cups after juice." Some of the special schools she visited hadn't even read the reports on her son.

However, Judith Cohen, an educational therapist who works with many private-school students, says that the situation is improving. "It's a relatively new field. Teachers need special education as much as the parents do. And the schools have to want to take these kids—but part of this has to come from the parents. They can make a difference."

The picture is disappointing but not hopeless. And the message is clear: Parents must be aware of their children's educational needs and demand the services that will help them. No one else will. —M.B.

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attention and classes of no more than six children.

Today, at fourteen, Michael is more than holding his own at one of Manhattan's most rigorous private schools. "There are still certain voids," Pamela admits. "Only last week, Michael learned the order of the letters of the alphabet for the first time. And he still has no concept of what month or what day of the week it is. When he's ready, he'll get it!"

Sylvia Richardson often admonishes parents to give their child the gift of time—and to be concerned with his spirit as much as with his educational progress.

When a child knows that his parents are in his corner, it is easier for him to get into the ring every day. Communication is critical. "Make sure you find out what they feel; listen to what matters to them, what's hard for them," Richardson says. "It's also important to depersonalize: 'I'm not mad at you, I'm mad at the LD.' Instead of becoming adversaries, parent and child should identify the common enemy, discuss it, strategize."

BELLING CHILDREN EXACTLY what the problem is usually eases the burden, even for the very young. Barbara Sandford, who had thought her ram-

bunctious four-year-old was emotionally disturbed, told Nicholas that "we realized he didn't see the world the way other children did and we'd found someone who would help him. Just knowing that we finally understood made all the difference. His behavior started changing within a week!" Today, a year and a half later, mother and son are usually able to talk when Nicky is frustrated. Barbara says, "We try to avoid situations where he loses control. I'm also learning to compromise."

Children need to learn that it's safe to let their parents know about failures on tests or critical remarks from teachers or teasing from other kids. "Normal" children come home to their parents and tell them what happened in school. Children with LDs may not have the communication skills to do that," says Rebecca Cort of the New York City Regional Office for the Education of Children With Handicapping Conditions, a state agency. "The LD child who says 'I have a stomachache' may be trying to tell the parent that there's trouble in school."

But parents need to go beyond acceptance and openness; they must be prepared to be assertive with teachers. If the child were hard of hearing, his mother or father would probably think nothing of asking the teacher to look directly at him while speaking. But some parents seem ashamed of a learning disability, a mental "handicap"; they are reluctant to re-

quest that he sit in the front of the room so he won't be so easily distracted, or that he be allowed to tape lectures instead of relying on notes, or that he be given more time on tests or allowed to take them orally.

Some parents worry about appearing too aggressive or offending teachers. Judith Cohen, educational director of Familyhealth Associates, suggests a cooperative—not combative—approach: "Tell the teacher that you want to help your child get the most out of the exciting things that go on in the classroom. Let the teacher know that you realize this is your child's problem, not hers."

Most teachers who are approached in a friendly way appreciate the information they're being given. They are less likely to make comments like "I already explained that" if they know the child has to work harder to grasp an idea. And they are often willing to spend extra time after class, as well.

BUT IF TEACHERS ARE DEFENSIVE and inflexible, parents have to be willing to lock horns with them. As she watched her daughter, Samantha, struggle with her schoolwork, Vanessa Hunt, who is also dyslexic, remembered the isolation of her own childhood, her pain at being constantly told that she was lazy. For six years, Vanessa has been fighting for her daughter's right to a good education.

At the end of first grade, Samantha scored in the sixteenth percentile in reading and math; 84 percent of children across the country scored higher. "The public-school officials told me she was 'educationally retarded' and would have to be placed in a special class," Vanessa says. "I told them she had a learning disability. They said, 'Why do you want to label your child? She's just slow.'"

Vanessa put Sam into a private school—but it turned out to be little better than the public school at understanding children with LDs. Though Sam tested poorly in math because of her difficulty with language, she was extremely good at calculations. However, the school refused to put her on a faster math track.

Vanessa recalls, "I had to spend one grueling hour with her math teacher. She was skeptical about Sam's math aptitude. She told me, 'Sam can't explain how she gets the answer right.'" Vanessa knew how Sam got the answer, because her mind worked the same way. But the teacher was adamant, saying, "She'll stay in the assigned class."

Vanessa took Sam, who was working regularly with Lynne Hacker, out of the private school and put her back into pub-

lic school. After a summer in which she saw Hacker twice a week, "all of a sudden, everything started clicking," her mother says. "Sam understood what was expected of her and how to take a test."

After two and a half years of language therapy and a great deal of emotional support at home, Samantha was retested. Her scores: reading comprehension, eighty-fourth percentile; math comprehension, ninety-eighth percentile. The school officials now say Sam belongs in a class for the gifted.

Vanessa wasn't particularly gratified, and she isn't letting down her guard. This fall, nine-year-old Sam will enter yet another private school—one that Vanessa believes has "a greater appreciation for these kinds of kids." If not, one thing is certain: Vanessa will go to the mat once again for her child.

ATENTION MUST ALSO BE paid to tutoring sessions. Regardless of the tutor's diplomas or title—educational therapist, certified learning specialist, speech-and-language pathologist—parents have to "ride herd, be LD vigilantes," according to Rosa Hagin. Dr. Hagin, a longtime researcher in the field, maintains, "The one check the child has is the parents." She suggests having a written plan that is subject to periodic evaluations. If within a reasonable amount of time there is no improvement in the behavior or academic performance that brought the child to the professional, something may be wrong. That something may be the child's resistance, the parents' attitude, or problems in the classroom. It could also be the tutor.

Because no two children have the same problems, educational therapy must be tailored to each child's needs. Generally, children with LDs need remediation in language-related areas. Many of these children can't learn to read by the traditional "look-say" method, because they may not perceive the letters correctly, or they may not be able to process auditory information well. Thus, training must be logical, sequential, repetitive, and multisensory—so what doesn't get to the brain through the eyes gets there through the ears or through the sense of touch. Such an approach to language training is based on the Orton-Gillingham Technique, a method pioneered in the thirties. Variations may be called alphabetic phonics, Slingerland, intersensory, or the Nina Traub method, but all share the same philosophy: teaching based on the rules of language, not by rote.

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word that conjures up a picture. Recognizing, naming, and associating the letter—initially, with a picture—helps get the information to the child's brain. Vowels and consonants will have different colors. The sounds of letters are repeated over and over. Thus, a child learns to recognize the letter through his senses of sight, sound, and touch.

For older children, association is an equally important teaching tool, especially when it comes to learning non-pictorial information like names, dates, theorems, and chemical formulas. These youngsters cannot memorize the first twelve lines of the Gettysburg Address unless they understand the meaning of the words. "We have to teach to the intelligence, not the memory," says Hacker.

Like many language therapists, Hacker stresses remediation in oral and written expression, organizational skills, time management, and the setting of priorities. She also helps children understand how to cope with life. "I explain everyday problems and situations to them, helping them understand their behavior and other people's actions," she says. "In short, I try to help them get some order out of the chaos of their lives."

The good news, say Hacker and other pros in the field, is that a child who understands and accepts his disabilities and is given the training to help his brain compensate for its inherent weaknesses may have an advantage over his "normal" peers: He will learn to cope. Hacker points out, "Some language-disabled children end up functioning a lot better than 'normal' youngsters because they have been taught to understand the world around them."

THE BEST WAY FOR PARENTS to enhance their children's progress in remediation is by giving them moral support, not trying to teach them. Especially with teens, helping with homework is the quickest route to civil war. "Parents should be parents—let the educational therapist take over home-teaching tasks," counsels Judith Cohen, who even encourages her students to call at night with questions about homework, rather than asking their parents. She also visits children at home, helping them reorganize their rooms to include calendars, bulletin boards, and schedules.

In addition to helping the child master academic material and develop strategies to compensate for problems in perception, the tutor acts as a sounding board for grievances and emergency backup when it's time to study for exams. The tutor may have to teach the child basic social skills as well.

(continued on page 105)

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After a period of remediation, a child may be able to work independently for a few years, but parents should keep a close watch. As the requirements of schoolwork become more demanding, children often need outside help again. Negotiating with an adolescent takes tact and sensitivity, since teenagers striving for independence often bolt at the prospect of a tutor or parent seemingly reining them in.

Parents don't need any special education to be LD vigilantes.* Keeping tabs on a child's progress simply means asking questions, paying attention to what the child can and cannot do, and looking for signs of improvement. Most important, it means listening to the child.

GREAT EXPECTATIONS



TO FLOURISH, CHILDREN with LDs need to live in homes where there is constant encouragement. Psychologist Betty Osmon, the author of several books on learning disabilities, tells parents, "Talk about the problem. And don't just tell your children how bad they are; give them honest compliments. Do the same thing when you set standards: Don't expect too much, but don't overindulge them, either—it only reinforces feelings of inadequacy."

Structure and discipline, those essentials of good parenting, are vital for these children. "Rules and limits are important," writes Dr. Osmon in *No One to Play With*, her book on the social aspects of LDs. "Be sure that your child understands what's expected of him and that you're not asking more of him than he can accomplish. On the other hand, don't let his learning disability be an excuse for nonperformance. In areas where he feels relatively secure, perhaps he can strive to do more."

Pamela Elliott was willing to leave town to help her son, but she refused to coddle him. "You can't let your child use the LD as an excuse to get out of tough situations," she says. She tells parents to have realistic but high expectations—that means giving children an accurate picture of their learning difficulty and being neither too critical nor overly complimentary. "At fourteen, Michael knows his strengths and weaknesses—and has already learned how to be his own advocate. He's been trained to say, 'I'm sorry,

*Information about LDs, educational therapists, and parent workshops can be obtained from support organizations like the Orton Dyslexia Society (691-1930) and the New York Association for Learning Disabilities, which sponsors an LD Helpline: 677-3838.

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but I'm having difficulty. Could you explain that again?"

Such security comes from self-esteem, says Dr. Osmon. Like many psychologists and educators in the field, she underscores the importance of helping these children find a special interest or talent—preferably something that is outside of the academic setting.

That can be tricky for image-conscious New Yorkers. "Parents who live by writing—journalists, teachers, psychologists—find pleasure, excitement, and achievement in the written word," observes Sally Smith, who opened the Lab School in Washington, D.C., 21 years ago, when she couldn't find a school for her dyslexic son; she still runs the school. "I have a number of parents who say, 'My child has no talents.' They see that the child is good with his hands, but they don't pay attention because it's not academic. They're afraid he'll grow up to be a mechanic."

Parents who help children compensate by finding things they can do well and who provide a home environment with definite rules, procedures, and schedules often walk a fine line: They must support their children yet also teach them to stand up for themselves. They must recognize their children's weaknesses but never lower their expectations, because these children also have strengths.

Dr. Hagin, known for her longitudinal studies of this population, wants parents to remember, "They're not a disabled group once they get out of school—especially the ones who have parents aware enough to seek professional help." For twenty years, she followed the progress of 87 of her students who had been given language training. "Most turned out well," she says. "Forty-seven completed college. Eight became engineers (one registered a patent on neutralizing dioxin), two became lawyers, two went into real estate, two became art historians, fourteen went into management, five do clerical work; among the others are a journalist, a copywriter, an accountant, several teachers, and a photographer."

In fact, some of the traits that make it difficult for these children to learn often translate into assets in adulthood. Because they don't see the world the way "normal" people do, those with learning difficulties may be good problem-solvers and can be exceptionally creative as well.

WITH GREATER AWARENESS and acceptance of learning disabilities, even top prep schools and "name" colleges are starting to appreciate learning-disabled children's special gifts. Many prep schools and colleges now allow students to take untimed tests

ACCEPTANCE: *One expert cautions, "Children adjust to the situation if their parents do. The children know. It doesn't matter if parents tell them they're great. They'll know what their parents really feel."*

for admittance (untimed SATs and LSATs are offered). Once enrolled, students can ask to take exams orally or with the help of an amanuensis (someone who writes for them). Computers and tape recorders also make it easier to cope with language problems.

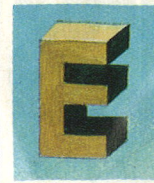
Delia Martin, an actress who has her own radio show, is dyslexic. So are her husband, her twin boys (now twenty and in college), and her daughter, sixteen, who is going to a "demanding" prep school. Martin underscores another, often overlooked, quality of children with learning disabilities—their sensitivity: "All three children are terribly kind. They care deeply about others because they've suffered so deeply themselves."

Martin has always been tremendously supportive of her children. At the same time, she has never let them feel sorry for themselves. "It's a learning difficulty, not a problem," I tell them. "We all have difficulties, and this is yours. We all have allergies too. You sneeze and you get on with life." They're able to look at

their learning problems the same way."

Martin's daughter, Terry, is thinking of becoming an architect. Many dyslexics choose this field, since their strengths lie in concrete subjects like math and in visual and spatial perceptions. "When I was little, I used to think something was wrong; I was ashamed," Terry says. "But my parents kept telling me, 'You're smarter.' They looked at the teacher's comments, not my grades." Asked how she'd advise other LD children's parents, she answers, "Keep urging your children to try, but stick by them, give them courage."

Terry, who has been aware of her LD since she was four, admits she always has to work harder. "You've constantly got to make schedules for yourself. You want to do other things but you have to organize yourself." In an interview over the summer break, she mentions the four books she has to read. She'd just as soon leave the assignment till the last minute, "but I can't do that, and I never would—because of my parents."



EVEN CHILDREN WHO are not "caught" until adolescence are testament to the fact that if parents remember the three a's—awareness, acceptance, and action—their children

can recover. Jason Leigh—who at first exhibited great resistance to the idea that he had a problem and who vehemently refused to attend a boarding school for children with learning disabilities—is eager this fall to take advantage of the opportunities that a highly regarded school in Massachusetts will give him. And Jessica Dupont, who was given language therapy three times a week when she was a high-school senior, has already spent a successful first year in a special program at a university out West. "I was lucky; I very well could have spent the rest of my life labeled as an emotional problem," she says. "When I was given the diagnosis, I asked, 'Are you sure I'm not just stupid?' I thanked God I'm dyslexic!"

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