Introduction

10 TRUTHS BEFORE YOU BEGIN

1 There is considerable comorbidity (overlap) in these disorders. A single disorder is truly the exception. In this book, each chapter takes on a disorder for the sake of convenience. Most commonly there are at least two, sometimes three, disorders present at the same time. Students who are oppositional are also highly likely to have attention deficit hyperactivity disorder. Remember, everything in the brain is connected to something else.

2 It's likely that all of these disorders are multicausal. Nevertheless, likely causes are listed separately in this book for the sake of clarity. Most of the time, the cause is a combination of genetics and environment, because those two interact in complex ways. Typically, multiple factors—a genetic mutation or susceptibility, childhood neglect, toxins, malnutrition, abuse, and/or prenatal trauma—are implicated. A traumatic life event or prolonged exposure to stress contributes to the problem.

3 There are multiple models (and each accurate!) for understanding these disorders. Models come from the fields of psychiatry, pediatric neurology, special education, and cutting-edge neuroscience. For example, some educators treat classroom discipline as a maturity issue or a self-control issue. Others treat it as a social or even medical issue. Just remember that there are many ways to solve the same problems.

4 There is no single location in the brain for a disorder. The specific locations identified in this book offer a simple glimpse of some areas that are likely impacted. Nearly every neurological event is system driven in ways that impact many areas of the brain. For example, social skills require more than paying attention; you have to pay attention to the relevant facial and vocal messages, or you'll miss the real meaning. Remember, there are no isolated neurological events; instead, there are regulatory systems with identifiable pathways.

5 There is no doubt more to learn about these disorders. Much greater study is needed. Brain-imaging technology is new and amazing, but it should never be the only source of information. We will see the accuracy improve, the functionality increase, and the costs go down. Hand-held brain scanners are already being used. Consider this book as "Here's what we know so far."

6 Every learner can learn and improve. The human brain is designed to respond to environmental input: the more targeted, persistent, and relevant the input, the greater the changes. To get the changes you want, first learn about which systems you want to target. It's all a matter of resources (e.g., time, personnel, technology, medication, support). Make the commitment to ensure that all students have a fighting chance.

7 Avoid perfectionism; it will rob you of the potential for gratifying rewards. Learn about one disorder at a time, and practice identifying specific learners. This book wasn't written in a day, and you don't need to memorize it in a day in order to receive value from it. One chapter a week, or a month, is all you need. Just keep at it.

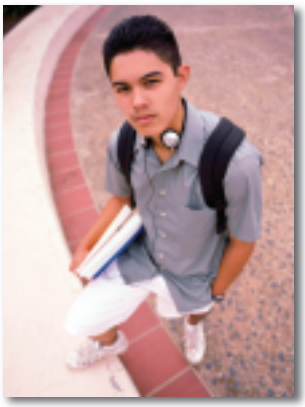
8 Look for students' strengths. Not every learner can become excellent in everything. There are significant genetic and environmental variations in the human species.

9 Attitude and knowledge are equally important. Your belief in the highest possibilities of each learner and your capacity to identify symptoms and activate appropriate responses and resources are the most important variables in learner success. Students will pick up on your positive attitude and find hope within it.

10 Take pride in everyday successes, whether large or small. Learners learn much more from who you are than from what you teach. Maybe your biggest gift is caring and doing your best. Never underestimate the power of hope and compassionate relationships or the value of implicit learning and positive role modeling.

Pretest

CAN YOU IDENTIFY THESE LEARNERS?



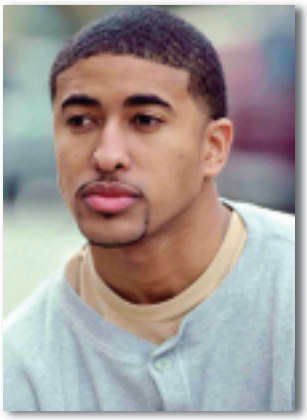
Learner No. 1: Miguel

Symptoms

- Loses his temper often
- Argues with adults; defies authority and rejects adults' requests or rules; complies about 10 to 20 percent of the time
- Deliberately annoys others and is easily annoyed himself
- Blames others for his own mistakes or misbehavior
- Angry and resentful; vindictive for no apparent reason
- Swears and uses obscene language

Miguel is fourteen years old and smart. He's managed to get just about everyone in class mad at him. What's most likely going on?

Answer: _____



Learner No. 2: Tom

Symptoms

- Displays a high level of apathy, listlessness, or lack of vigor
- Passive and unresponsive in spite of shocking or surprising events
- Does not initiate new activities or learning
- Does not feel in control of his environment; likely to say, "What's the point?," "Why bother?," "Who cares?," or "So what?"
- Lack of hostility even when hostility is warranted
- Increased sarcasm

Tom is 21 years old. He attends adult school because if he doesn't he will be kicked out of his house. The above symptoms have continued for about three to four months. His teacher can't quite nail down what's wrong. What's most likely going on?

Answer: _____

Remember, an LH sufferer's social operating system (see pie chart at the beginning of this chapter) is clearly not up to the task of the school's social environment, so it will have to be strengthened. (Strategies for doing so are discussed in Chapter 2 and in the next section of this chapter.) Do not get sidetracked in pursuing your plan. Here are the essentials:

1. Believe that it will work. Know that the brain can and will change with appropriate interventions.
2. Build a team, and make a plan so that every person is on the same page.
3. Focus on building the operating system. In this case, focus on managing states and developing the student's ability to evaluate potential rewards (although not physical rewards) by taking action.
4. Always maintain relationships throughout the process.
5. Be positive and patient. This will take time.

If you suspect the more serious disorder, depression (which shares some LH symptoms), the student needs, at the very least, to be referred to the school psychologist immediately. In both conditions, the student may be passive, unwilling to participate, and feeling down, but in the case of depression, his or her perception of the disorder is personal ("I'm the problem, and I'm no good. So things will turn out badly."). Conversely, the student with LH perceives the problem as circumstantial ("Whatever I do, I can't change the situation, so it doesn't matter. I can't change anything, so why try?").

Due to the serious implications of depression (e.g., risk of suicide), individuals with depression should receive professional therapeutic treatment without delay. Students with LH, however, can usually be aided by a competent teacher and sensitive parents without therapeutic intervention. With a good solid program that ensures small steps toward success, LH can be alleviated within a few weeks or months.

It is not uncommon for parents to blame LH on the school or teachers. This line of thinking clearly stalls progress and can be extremely frustrating for conscientious teachers who understand the deeper implications of the condition. LH can be the result of a single traumatic incident, or it can develop over time. Certainly, institutions that inadvertently condition students to fail contribute to its incidence. This speaks to the importance of hiring effective teachers and administrators who reinforce optimistic thinking and appropriate learner control. Administrators who empower their teachers ultimately empower their students.

It is essential to create a highly engaging atmosphere where students are encouraged to stay active, relate to others, and reflect on their learning. It

actions. Give students time to process and organize the information with pauses in your speech and slowing down the amount of information you deliver.

Convey messages with clear verbals (key words, overviews, and reviews) and clear nonverbals (cues, signs, and prompts). Select fewer key words to emphasize. Avoid asking learners to listen and write simultaneously. Provide clear instructions and then review them. Vary the volume and tonality of your voice as well as your facial expressions. Check in with learners frequently to determine whether your message was heard the way it was intended and to reinforce it. For example, you might quiz them with a question such as "How many minutes did I say we have for this task?"

REVISITING THE STUDENT

"Brent," one of the learners introduced in the pretest at the front of the book, is the student who fits the profile for auditory processing disorder. Like the others, Brent is unique—he exhibits a pattern of symptoms that are associated with a specific disorder. However, some of these symptoms can be observed in other conditions as well. This is why you want to look for patterns rather than isolated behaviors. To help you remember what's important in assessing students with auditory-processing deficits, take a moment, relax, and focus on the photo, the symptoms, and the key points of this chapter.

Symptoms

- Inattentive to others
- Easily distracted
- Engages in a lot of head turning to hear better
- Retrieval problems ("Um. . . I forget the word.")
- Difficulty following oral directions
- Omits word endings
- Speaks words out of order
- Mistaken words—says "starvation army" instead of Salvation Army or "fum" instead of thumb