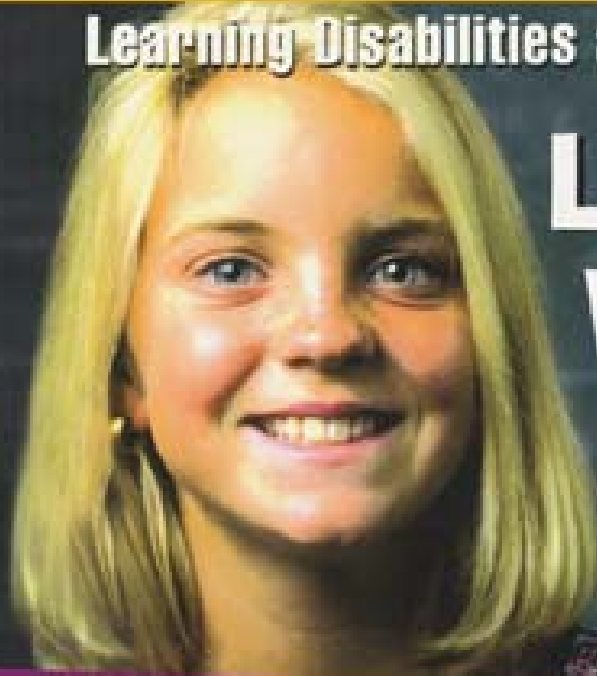


LearningStore.org

The best educational products

Learning Disabilities and Self-Esteem



**Look
What
You've
Done!**

**STORIES OF HOPE
AND RESILIENCE**

**PRESENTED BY
DR. ROBERT BROOKS**





Noel Gunther, *Executive Director*
Christian Lindstrom, *Project Manager*
Candace Cortiella, *Manager, LD OnLine*

This guide is a publication of LD OnLine at WETA, the PBS station in Washington, D.C. Beginning with Richard Lavoie's acclaimed F.A.T. City workshop, WETA has made a long-term commitment to serving the LD community. We create television, radio, and online projects dedicated to improving the lives of children with learning disabilities. For more information, call 703-998-2600, e-mail ldonline@weta.com, or visit

LD OnLine at www.ldonline.org.

TEACHER GUIDE

Learning Disabilities and Self-Esteem

Look What You've Done! Stories of Hope and Resilience

with Dr. Robert Brooks

A Production of LD OnLine at WETA Washington, D.C.

VIDEO CREDITS

Developed and Presented by **Dr. Robert Brooks**

Dr. Robert Brooks is a clinical psychologist who has worked with special needs children and their families for over 25 years. A renowned speaker, he is on the faculty at Harvard Medical School and was formerly director of the department of psychology at McLean Hospital in Belmont, Massachusetts. He is the author of *The Self-Esteem Teacher*. Dr. Brooks lives in Needham, Massachusetts.

Executive Producer **Noel Gunther**
Producer **Joe Bruncsak**

GUIDE CREDITS

Author **Dr. Robert Brooks**
Editor **Christian Lindstrom**
Designer **Eun Cho**
Cover Design **Planet Studio**



© 1997, Greater Washington Educational Telecommunications Association, Inc.

TABLE OF CONTENTS

INTRODUCTION

5

EMPATHY: THE PATH TO UNDERSTANDING

7

SELF-ESTEEM

11

RESILIENCE AND HOPE

16

CHANGING "NEGATIVE SCRIPTS"

18

STRATEGIES TO FOSTER SELF-ESTEEM, HOPE, AND RESILIENCE

20

CONCLUDING THOUGHTS

26

MULTIMEDIA RESOURCES

27

BOOKS

28

ACKNOWLEDGMENTS

29

INTRODUCTION

I was born to quit and God made me that way.

I always get confused. I don't think I'll ever learn. I must have half a brain.

I have no friends. Everyone teases me. Sometimes I wish I was never born.

These are just some of the hundreds of comments I have received during the past 20 years from children and adolescents with learning disabilities (LD) and/or attention deficit disorders (AD/HD) when I ask them to reflect on the impact that these problems have had on their lives. Low self-esteem and a loss of hope pervade many areas of these youngsters' lives. If you feel inadequate, if dreams of success fade continuously into the background, your motivation will probably suffer and you may be accused of "not trying."

These children increasingly avoid challenges and often resort to self-defeating ways of coping such as quitting, or making excuses, or bullying, or playing the class clown. These behaviors as well as the poor interpersonal skills contribute to unsatisfying peer relationships, adding to an overall picture of sadness. It is little wonder that many of the questions parents and teachers ask me center around issues of self-esteem:

How do I encourage my child not to give up?

Why does my child always blame others and never take any responsibility for anything? What can I do about it?

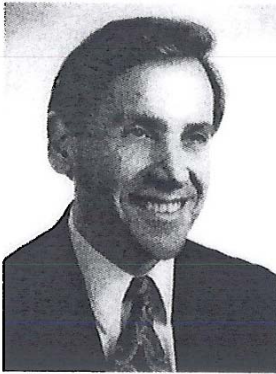
My student says she can't do something even before she looks at the work. When I attempt to encourage her, she doesn't listen.

My interest in self-esteem and LD or AD/HD can be traced to my ineffectiveness as a therapist working with individuals with LD or AD/HD. We knew little, if anything, about LD, AD/HD, temperamental differences, learning styles, or multiple intelligence theory in the mid-1960's. This limited knowledge and my own lack of confidence as a novice therapist contributed to my ineffectiveness in working with youngsters with special needs. If patients did not improve under my care, I often referred to them as "oppositional," "unmotivated," or "resistant."

The blame came in many forms. I would ask hyperactive children to sit down; and when they did not, I thought of them as oppositional. I constantly asked my patients to try harder, to put in more effort, assuming that their failure to improve resulted from lack of motivation or will. Many clinicians and educators held the same view, and some do today (e.g., I continue to be asked, "Couldn't the child do his work if he just wanted to?"). However, I grew weary of the anger and frustration that I experienced and of blaming the very people I was supposed to be helping. I engaged in a great deal of self-reflection and started asking: "Are my patients truly resistant? Do they really not want to improve? Are they lazy, as some said? Or is my approach not giving them what they need?"

My intent in posing these questions was not to shift blame from my patients to myself but rather to challenge myself to expand my understanding of what my patients were experiencing. In confronting this challenge, I began developing new signposts to direct my work. This guide and the accompanying video reflect what I have learned during my journey as a psychologist, an educator, and a parent. As you will see, it is a journey in which I have struggled to understand

- the various components of self-esteem and motivation,
- the factors that contribute to the erosion of self-esteem,
- the ways in which low self-esteem are manifested,
- and, most important, the interventions that will help to reinforce self-esteem, motivation, hope, and resilience.



It is my hope that as I describe what I have learned during my journey about the lives, needs, and strengths of individuals with LD or AD/HD, your own journey will be enriched.

Robert Brooks

Dr. Robert Brooks

EMPATHY: THE PATH TO UNDERSTANDING

Empathy serves as a basic foundation for understanding the world of youngsters with LD or AD/HD. Stated simply, empathy may be described as the capacity to put yourself in the shoes of another person and to see the world through his or her eyes. Being empathic does not mean that you agree with the other person but rather you attempt to see his or her perspective. Many of us judge ourselves to be empathic, but are we? For example, how often do we think about how our children, students, and colleagues would describe us?

I have found that it is difficult to be empathic when you are disappointed, annoyed, angry, and frustrated with the other person. When such feelings dominate, it requires much resolve to be genuinely empathic.

■ EXERCISES TO PROMOTE EMPATHY

1. For a moment, think about one of your favorite childhood teachers. If you were to use one or two or three words to describe that teacher, what words would you use?
2. Think about a teacher you did not like. What words would you use to describe this teacher?
3. Imagine if I interviewed your students or your own children and asked them to describe you. Which words would you hope they would use to describe you?
4. Next ask yourself what words your children or students would *actually* use to describe you. Consider how close these words would be to the words you hope they used.
5. Think of a couple of students you enjoy being with and a couple who are not as enjoyable.
6. How would the words of the students you thought positively and negatively about differ?

We cannot always guess the actual words others would use to describe us, but it is important to develop this skill as much as possible. The more we understand the world of the other person, the more effective we can be in our relationship with that person. For this reason, I pose these two questions when discussing the importance of empathy:

1. In anything we say or do, what do we hope to accomplish?
2. When we say or do something, are we saying or doing it in a way in which the other person will be most responsive to our message?

Many people have clear notions of what they hope to accomplish, but they use methods that are likely to fail. For example, a teacher may have as a goal motivating a student with learning disabilities to do more work. One of the teacher's methods is to implore the student to "try harder." While the teacher may be well meaning, that comment is typically experienced in a negative, judgmental way. Consequently, the teacher's approach will not lead to the desired result.

I frequently say to students that the problem is not that they are not trying but rather that the strategies they use to learn or the strategies the teachers use to teach them are not working. The more sensitive we are to the importance of empathy, the greater the likelihood we can find a more productive alternative for motivating students.

■ THE STORIES OF CHILDREN

I have collected many stories written by youngsters with LD or AD/HD. Their words offer a powerful means of understanding their world, and they serve as a vehicle to achieve greater empathy. Remarkably, many of these stories contain common themes, themes that capture the feelings of low self-esteem and hopelessness that burden these children's lives.

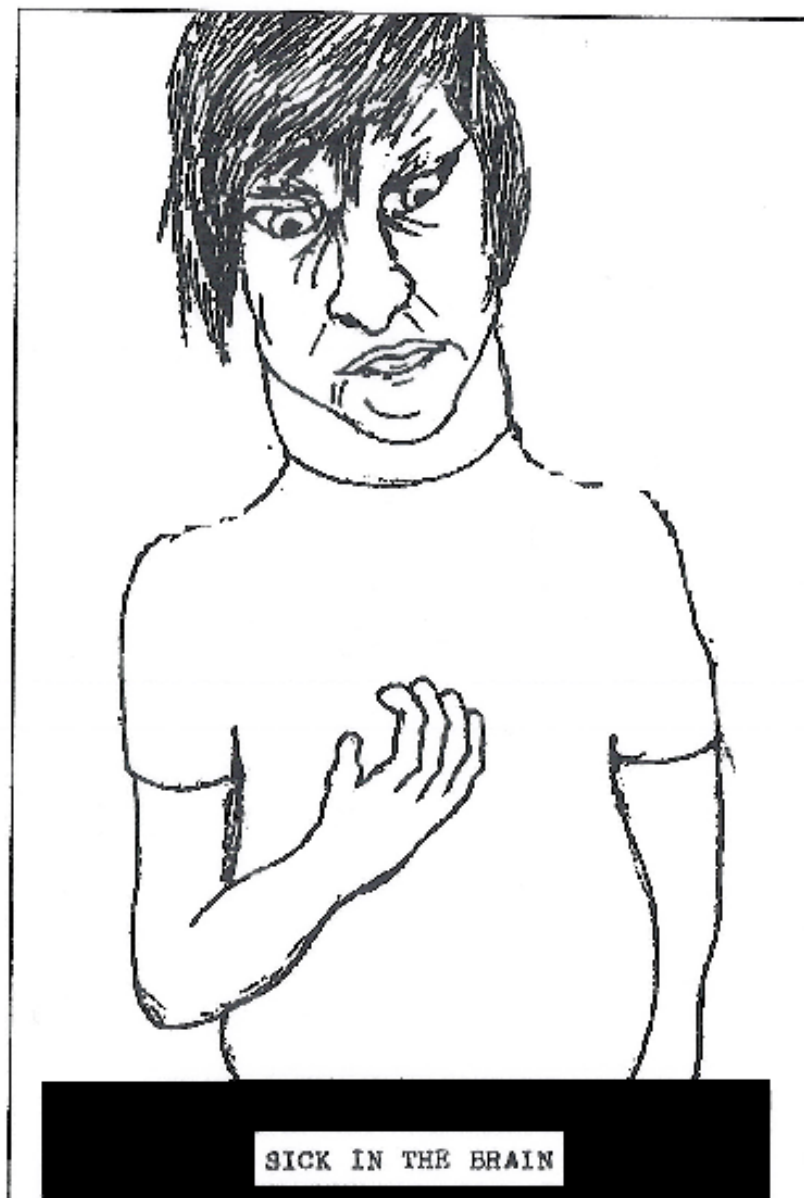
Matt and the Mountain: I met Matt when he was a young adolescent. He was diagnosed with both LD and AD/HD and was depressed, entertaining little hope for the future. His description of school reminds us of the way in which many youngsters with special needs experience school and should make us even more committed to creating school environments that truly provide accommodations for and accept students with LD or AD/HD:

School has been and still is something that I dread profusely. Going to school has been like climbing up a tremendous, rocky mountain with steep cliffs and jagged, slippery rocks. This mountain is very grey and always covered in dark, murky, cold clouds. I step forth to take on this task of climbing this huge mountain. Each step is a battle against strong, howling, icy winds. The winds contain frigid rain that slams against my body, trying to push me down. I keep battling my way up. Sometimes I am knocked down, and sometimes I have to stop to regain my strength. My body is numb. My hands shake like leaves in the wind as I claw myself up the mountainside. Not being able to open my eyes, I blindly claw myself up the steep cliff. I stop because I am in such great pain. I look up and see that my struggle has hardly begun. Sometimes I just do not want to go on any further.

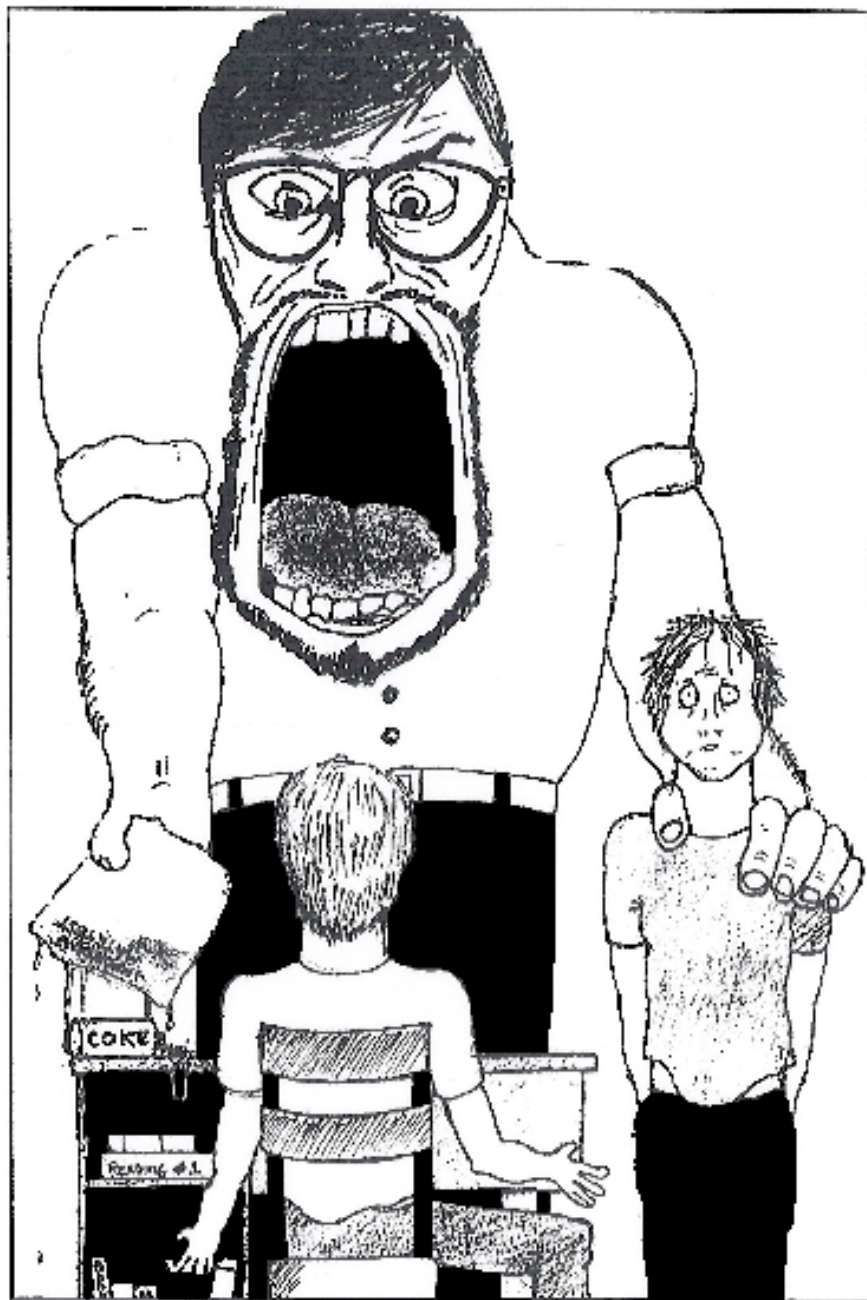
-Matt Albert

In college, feeling more self-assured, Matt expanded on his story of "The Mountain" and noted that the mountain could become "your grave or your greatest triumph."

Sick in the Brain: I met Rob when he was entering high school. He presented a complicated picture of a young teenager with learning and attentional difficulties, bouts of depression, and an exacerbating sense of failure. In an attempt to gain some understanding of his problems, Rob began to sketch out memories of teachers and school. His drawings capture intense feelings about a fourth-grade teacher who apparently told Rob on many occasions that he was lazy and unmotivated. The first drawing represents how Rob thought his teacher saw him every day in the fourth grade, namely, "sick in the brain."



The second drawing depicts Rob's perception of his teacher. Interestingly, when Rob showed me these drawings, he said that he thought his teacher never realized how he came across to Rob or the impact he had on Rob's self-esteem and sense of dignity. His drawings are a testimony to the importance of being empathic, of seeing the world through the eyes of our youth.



SELF-ESTEEM

Self-esteem has been defined in various ways. Unfortunately, it has sometimes been confused with conceit, narcissism, and self-centeredness. In the confusion, some people believe that promoting self-esteem is based on giving children false praise or inflated grades. The concept of self-esteem as used in this guide includes the feelings and thoughts that individuals have about their competence and worth and about their ability to make a difference, to confront rather than flee from challenges, to learn from both success and failure, and to treat themselves and others with respect. Self-esteem is a major force in determining whether a person can overcome adversity and become resilient.

■ HOW DO YOU KNOW IF A CHILD HAS LOW SELF-ESTEEM?

Assuming an empathic perspective helps us to appreciate the central role that self-esteem plays in the lives of youngsters with LD or AD/HD. I have often been asked by parents and teachers how we know when a child has low self-esteem. With some children there is little doubt, especially in certain areas of their life. They state directly that they are “dumb” or “stupid” or have “half a brain.” However, frequently low self-esteem is not expressed directly but rather can be inferred from the ways in which a child copes with stress and pressure. Children with high self-esteem tend to use coping strategies that are adaptive and that promote growth and mastery. An example would be a child who is having difficulty learning long division and requests extra help.

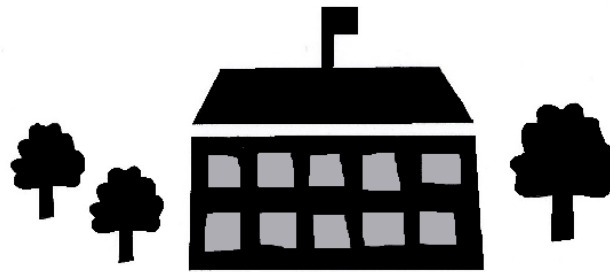
In contrast, children with low self-esteem are likely to rely on coping behaviors that are actually counterproductive and self-defeating. The more common include cheating; clowning; being a bully, especially with younger or more vulnerable children; avoiding or quitting at a task or game, while offering an excuse that the game is boring; denying the importance of a particular situation (e.g., saying homework is stupid and doesn’t matter); or making excuses for perceived failure rather than accepting responsibility (e.g., blaming the teacher for a failing grade).

Even coping behaviors that are counterproductive are originally used by the child in an attempt to manage stress and to maintain a sense of dignity. If we are to help children with LD or AD/HD to feel more secure, we must find ways to replace self-defeating behaviors with more adaptive ones. To accomplish this, we must provide youngsters with experiences that strengthen their self-esteem.

■ A FRAMEWORK FOR UNDERSTANDING SELF-ESTEEM AND MOTIVATION: ATTRIBUTION THEORY

We know that children, especially those with LD or AD/HD, encounter numerous challenges as they grow up. Some end in success, others in failure. What attribution theory highlights is that youngsters assume different reasons for why they have succeeded or failed and that these reasons, which vary from child to child, are strongly linked to their self-esteem. Research indicates that children with high self-esteem view their successes as determined in large part by their own efforts, resources, and abilities. These youngsters assume realistic credit for their accomplishments and feel a genuine sense of control over what is happening in their lives. They are typically children who experience success early in their life within a responsive and encouraging environment.

In contrast, youth who have encountered many frustrations and disappointments and whose self-esteem has eroded are more likely to believe that their achievements are based on luck or fate, thus weakening their confidence in being able to succeed in the future. For instance, many children with special needs quickly dismiss a high grade on a test with such comments as “I was lucky” or “The teacher made the test easy.” These children minimize the role that they have played in achieving success. Unfortunately, the cumulative effect of perceived failure outweighs any experience of success.



Self-esteem is also strongly implicated in how children perceive their mistakes and failure. For example, suppose two children in the same third grade class fail a spelling test. One child thinks, “I can do better than this. Maybe I have to study more or ask the teacher for extra help.” The second child believes, “The teacher stinks. He never told us these words would be on the test. It’s his fault I failed.”

The first child, the one who is willing to seek additional help or work more diligently, basically believes that mistakes are experiences to learn from rather than feel defeated by. These children typically attribute mistakes to factors that are within their power to change, such as lack of effort (especially if the task is realistically achievable) or ineffective strategies (e.g., poor study habits). The behavior of the second child reflects low self-esteem. He or she resorts to blaming others to hide the painful feeling that “I am a failure, I cannot change, I cannot do well.” Rather than believing that mistakes are the basis for future learning, children with LD or AD/HD often experience each new mistake as another rock placed around their necks. These youngsters believe mistakes result from conditions that cannot be easily modified, such as lack of ability or low intelligence.

A vicious cycle is set in motion when children believe they cannot learn from mistakes. Feeling hopeless and wishing to avoid further perceived humiliation, they are apt to give up, offer excuses, cast blame on others, or resort to other ineffective ways of coping, such as assuming the role of class clown or class bully. As these youngsters reach teenage years, our attempts to encourage them are frequently met with angry retorts: “Leave me alone!” “I don’t care!” “It’s my life. I’ll do what I want.” These children care much more than they acknowledge but feel hopeless and believe they are unable to change their situation. They do not even want to entertain the notion that things may improve — for them, any hope is false hope that results in further disappointment. While the adults in their lives may feel these youngsters have quit or lack perseverance, we often fail to see that these behaviors are rooted in a sense of hopelessness and a desperate attempt to avoid further humiliation.

No child is totally immune to the fears associated with making mistakes and failing, but children with LD or AD/HD are especially vulnerable to these fears. They have experienced more than their share of mistakes. Consequently, much of their energy is directed towards avoiding further embarrassment, even if it means engaging in self-defeating ways of coping.

Attribution theory offers significant guideposts for designing interventions that would reinforce the self-esteem of children with LD or AD/HD. It prompts us to pose the following questions:

1. *How do we create an environment in our homes and schools that maximizes the probability that children will not only succeed but that they will perceive their achievements as resulting largely from their own abilities and efforts?* In other words, how do we help youngsters to assume more ownership and responsibility for what occurs in their lives? The notion of ownership and responsibility is especially important since far too many children with LD or AD/HD see education as imposed on them, as something they are forced to endure.

2. *How do we create an environment that reinforces in children the belief that mistakes are frequently the foundation for learning, that mistakes are not only accepted but expected?* How do we create an environment that lessens, even eradicates, fears of being humiliated or embarrassed for not understanding something or for needing additional time to learn?

■ THE SEARCH FOR “ISLANDS OF COMPETENCE”

While we cannot ignore a child's weaknesses, we must not lose sight of the many strengths that each child possesses. We must identify and reinforce each child's “islands of competence” — if we do not, we will have children who continue to feel incompetent. For example, there are youngsters who are much more self-assured playing baseball or basketball than they are taking a math test or talking with their peers. There are other children and adolescents who are secure in the classroom but very self-conscious and anxious playing a sport ... and still others who are confident working on the motor of a car but dread writing an essay. An individual's self-esteem may vary from one situation to the next.



If youngsters frequently experience self-doubt and failure, especially in situations they judge to be of value to significant others, their overall sense of competence and confidence is lessened. I describe these youngsters as swimming or drowning in an ocean of self-perceived inadequacy. In therapy, these children

have communicated to me that they doubt that they will ever be successful. To counteract this image of despair, I emphasize that every person possesses at least one small “island of competence,” one area that has the potential to be a source of great pride and accomplishment.

This metaphor of “islands of competence” is not intended as a fanciful image but rather a powerful symbol of hope and respect, a reminder that all children and adolescents have unique strengths and courage. Those of us who raise and educate children have the responsibility to locate and reinforce these islands of competence so they will gradually become more prominent parts of the terrain than the ocean of self-doubt. If we can find and reinforce these areas of strength, we can create a powerful “ripple effect” in which children may be more willing to venture forth and confront situations that have been problematic for them.

Clinicians and researchers have emphasized the importance of reinforcing these areas of strength. In commenting about resilient individuals, psychologist Mark Katz has written:

[B]eing able to showcase our talents, and to have them valued by important people in our lives, helps us to define our identities around that which we do best.

■ THE COURAGE OF CHILDREN

We need to recognize the courage of children with LD or AD/HD or other disorders. It is so easy to focus on pathology rather than courage. For some children to go to school each day, to engage in sports, to go to a birthday party is an act of courage, since these are often arenas in which they feel at a disadvantage, where they feel that their deficits are vividly exposed. Even the simple acts of a child might reflect great strengths and bravery.

Rather than telling a child to try harder in school or in sports or in making friends, we must show that we appreciate their fortitude. How many adults would like to go to work each day and constantly receive negative feedback from their boss or be told that they cannot sit at a certain lunchroom table or have their co-workers avoid them or make fun of them? How many adults would like to hear the constant comments, “Why don’t you just try harder!” or “You’re such a loser!”? Children face these situations and words on an ongoing basis. We must never lose sight of their bravery.

And we must never lose sight of the courage and determination of the parents and teachers in these children's lives. As Ryan's mother so movingly writes:

Parents of exceptional children need to be exceptional themselves. They need to keep faith in their child(ren) and in themselves. They must strive to look through "rose colored glasses" and to behold the wonderful gifts of their unique child. They need to be rays of sunshine, beaming on their child, and to encourage his/her talents to flourish and blossom. This isn't always easy; in fact, it can be very difficult, but it's very worthwhile. Children with learning disabilities have the advantage of examining their world differently from others and thus enabling them to achieve remarkable results.

- Mary Redline



RESILIENCE AND HOPE

A focus on strength, courage, and “islands of competence” gives center stage to the concepts of resilience and hope. All parents worry about what the future holds for their children; this worry is greatly magnified for parents of children with LD or AD/HD. These parents often say, “I have a child at home who is so unhappy, has such trouble learning, has no friends, seems to have just given up. Is this what the future holds for my child? Will he always be so unhappy and feel so unsuccessful?”

I answer honestly that I have met a number of adults who as children experienced years of frustration, failure, humiliation, or abuse, but who are now leading successful lives. Why do some high risk children with LD or AD/HD have satisfying lives as adults while others do not? Answering this question is one of the most important tasks that anyone who raises or educates youngsters with LD or AD/HD must address. If we can understand the factors that contribute to children bouncing back, then we can develop strategies to give our children a fighting chance in life.

Researchers have noted that three interrelated domains influence the presence of resilience:

1. The Innate Characteristics of the Child: Resilient children have been found to have “easy” temperaments from birth, eliciting more positive responses from their caregivers. In addition, they appear to have more advanced problem-solving skills, cognitive abilities, social skills, and coping strategies. In contrast, children with so-called “difficult” temperaments who are not as easily satisfied or soothed, are more likely to prompt angry and less empathic responses from caregivers so that a negative cycle is set in motion. Most important, resilient children maintain high self-esteem, which is rooted in a realistic sense of personal control and a feeling of hope. If we are to have resilient children, we must reinforce their self-esteem. As British psychiatrist Michael Rutter has noted:

[A] sense of self-esteem and self-efficacy makes successful coping more likely while a sense of helplessness increases the likelihood that one adversity will lead to another.

2. Family Characteristics: Resilient children typically come from home environments filled with warmth, affection, emotional support, and clear-cut and reasonable structure and limits. Homes marked by family discord, hostility, or detachment are less likely to produce resilient children.

3. Support of the Larger Social Environment: Extended family, friends, and community groups and agencies can serve as significant sources of support to help children to overcome adversity. Emmy Werner, another prominent researcher in the field of resilience, observed:

[M]ost of all, self-esteem and self-efficacy were promoted through supportive relationships. The resilient youngsters in our study all had at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence.

When young adults with AD/HD were asked what they believed was most helpful to them growing up, the most frequent answer was that there was someone — a parent, teacher, or other significant adult — who believed in them.

Psychologist Julius Segal captured the central role played by teachers in this process when he wrote,

From studies conducted around the world, researchers have distilled a number of factors that enable such children of misfortune to beat the heavy odds against them. One factor turns out to be the presence in their lives of a charismatic adult — a person with whom they identify and from whom they gather strength. And in a surprising number of cases, that person turns out to be a teacher.

Research indicates that a complex mixture of variables determines whether or not a child will become resilient. The support of charismatic adults who reinforce high self-esteem, a sense of competence, a feeling of personal control, and hope is a vital component of the process that results in resilience.

CHANGING “NEGATIVE SCRIPTS”

To become the charismatic adults in the lives of children with LD or AD/HD, we must be willing to change those parts of our mindset and our own “negative scripts” that have proven ineffective in reaching the youngsters we are trying to help. Two features of a negative mindset deserve discussion.

■ LET’S NOT BLAME THE CHILDREN—REMEMBER, IT TAKES TWO TO TANGO

Many well meaning adults expect children to change their behaviors without a reciprocal change on their own part. We must recognize that whether or not a child with LD or AD/HD is resistant to learning or to being cooperative may have as much to do with our responses and reactions as with the mindset the child brings into the situation.

For example, I recall a high school freshman who required time at the beginning of each school day to settle in. Teachers called him as a “roamer,” that is, a student who never seemed to get to home room but rather roamed the halls. Rewards and punishments did not seem to change his behavior. We discussed how we might use his “need” to roam constructively. He was appointed “attendance monitor,” a position which entailed his walking down the hall with a clipboard given to him each morning by the school principal. The principal told the boy that it would help the school if he would take attendance of teachers to insure that there was a teacher in each classroom. This responsibility helped to acclimate this young adolescent to the school environment each morning, making it easier for him to adjust to the requirements of the school day. These adults had been willing to take a risk and change the script. Rather than seeing this student as a “resistant,” annoying child who had to change his behavior, they had the courage to ask what they could do differently.

■ ARE CHILDREN REALLY OUT TO GET US?

The second major change in mindset is to recognize why children behave the way they do. If we see a child as lazy or manipulative or trying to get away with things, our response to that child will be much different than if we see that child as vulnerable or in pain or unable to control his or her behavior. I am not suggesting that we permit a child to engage in inappropriate behaviors such as hitting or screaming; but our interventions will be more effective if we understand why these behaviors exist.

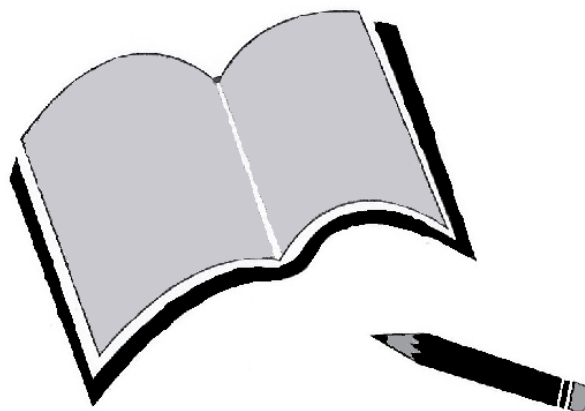
1. The Child’s Temperament: Many problematic behaviors actually reflect a child’s inborn temperament. Rather than searching for ways to suppress these behaviors, I came to believe that it was more important for caregivers to think of ways that these behaviors could be expressed more appropriately. I am reminded of parents who engaged in nightly mealtime battles with their nine-year-old son with LD and AD/HD, constantly yelling at him not to leave the table until he had finished eating all of his food. The boy was very hyperactive. I encouraged the parents to change their mindset and not view their son’s leaving the table as a sign of disrespect or a lack of etiquette, but rather as a physical need at this point in his life for activity. The parents were flexible enough to change their view. They decided to permit the child to leave and return to the table as long as he was not disruptive. The parents discovered that their willingness to change resulted in a calmer, more relaxed atmosphere at dinner.

2. The Child's Way of Coping: The problematic behaviors of children and adolescents with LD or AD/HD often represent their way of coping with frustration, stress, and pressure. These behaviors are "recruited" as protection against further assault to their self-esteem. While these behaviors must not be permitted, we often spend more time thinking of how to punish these behaviors rather than how to prevent them. It's worth asking, "Can we create an environment in which children's self-esteem will be reinforced and they will be less likely to engage in these disruptive behaviors?" This question recognizes not only the power of a crisis prevention rather than crisis intervention but also how strengthening a child's self-esteem will lessen inappropriate behaviors.

I was seeing Jennifer, a sixth-grade girl with AD/HD, in therapy. She frequently failed to do her homework, arguing that the assignments were too easy or that she had forgotten to bring her books home. I met with Jennifer's teacher, who understandably felt frustrated by her lack of cooperation and belligerent attitude. We discussed the possible roots of this behavior. Jennifer appeared to feel incompetent and attempted to hide her feelings of inadequacy behind an "I don't care," hostile attitude.

The teacher and I learned from Jennifer's parents that she enjoyed interacting with younger children. We decided to use this apparent "island of competence" as the beginning point in our intervention. Instead of following the more predictable script of demanding that she complete her homework, we engaged her as a tutor for first and second graders. This strategy was based on the belief that teaching younger children would reinforce Jennifer's self-esteem and help her to feel more self-assured in school. The intervention worked very well; as Jennifer assisted younger children, her willingness to do her own work and ask for help increased and her anger subsided.

If our strategies to foster self-esteem, hope, and resilience are to prove successful, we must have the insight and courage to change our "negative scripts." In this way, we can serve as models in showing children how they might change their own "negative scripts." If we are not able to change our mindset, to appreciate that it "takes two to tango," how can we expect children to change their behavior? It is not easy to change a negative mindset or an ineffective script, but what is the alternative?



STRATEGIES TO FOSTER SELF-ESTEEM, HOPE AND RESILIENCE

In working with children with LD or AD/HD, we must rely on a child's strengths and have as a goal the reinforcement of a sense of responsibility, accountability, and caring, and the lessening of a fear of failure. I have included strategies for both the home and school environment because my underlying philosophy is based on having teachers and parents collaborate on their interventions.

■ ACCEPTING OUR CHILDREN

Although research shows that children have different temperaments from birth, that children possess different learning styles, that as Howard Gardner has written there are multiple intelligences distributed differently among children, we often give lip service to accepting children for who they are. Instead, we respond to youngsters as if they were part of a homogeneous group. Consequently, we fail to make appropriate accommodations based on the unique quality of each child.

For example, teachers often say that it would not be "fair" to make accommodations for one child if other children might feel offended. I understand that view; but I also believe that if children are different, the *least* fair thing we can do is to treat all of them the same. However, the issue of fairness must be addressed lest other students begin to resent those students who are receiving accommodations. I often advocate that schools use the first couple of days of the new school year as an "orientation" period. During this period, teachers would not take out any books but instead would use the time to begin to create a classroom climate in which all students would have the opportunity to thrive

For example, to minimize the possibility of children feeling a teacher is unfair because some children might be doing more homework than others, on the first day of school, the teacher could discuss with the class how each one of them is different, how some students can read more quickly than others, how some can solve math problems more efficiently, how some can run a mile faster than others. The teacher can say that given these differences, there will be different expectations of the amount and kind of work that is done by each student. Next, she can say, "One of the concerns I have is that you may begin to feel I am not being fair; and those feelings may interfere with learning. Thus, if at any time you feel I am not being fair, please tell me so we can discuss it." Feedback I have received indicates that when a teacher brings up the issue of "fairness" before it becomes an issue, it remains a non-issue and permits the teacher to accommodate each student's needs without negative feelings emerging. I also suggest that teachers share this message about fairness with parents, perhaps through a short statement of class philosophy that is sent home.

The kinds of accommodations I typically suggest do not require major modifications in a student's program, nor do they demand that a teacher have very different educational plans for each student in the classroom. What is required is that all parties — students, teachers, parents — understand a child's strengths and weaknesses, share common expectations and goals, and recognize what each has to do to help achieve these goals. This means that we must "demystify" for children what it means to have LD or AD/HD; we must help them to appreciate their strengths and vulnerabilities and the accommodations that will help them to learn. A few examples of typical accommodations follow:

Key to Strategies





useful at home





useful at school



useful at both

a. For many youngsters with LD or AD/HD, attending school is like climbing Mt. Everest each day. Then they are required to do homework. Given their learning problems, it often takes them two or three times as long as their peers. By bedtime they are frustrated and exhausted, as are their parents. It makes more sense to set a time limit for doing homework, regardless of how much work is actually done. For example, if most students can complete the work in an hour, the limit should be about an hour for students with special needs. While some might argue that children with LD or AD/HD are not completing as many of the problems as other students, to ask these children to spend several more hours per evening on homework will typically prove counterproductive and turn them off to school.  

b. Students with LD or AD/HD usually have more difficulty taking timed tests than their peers. I have seen the test scores of students increase noticeably when taking untimed tests, and yet they only required another 10 minutes. Without the pressure of a timed test, they were more relaxed. Relatedly, some students will reveal far more of what they know when answering questions orally than when having to write these same answers. 

c. Many youngsters with LD or AD/HD have difficulty copying homework assignments from the blackboard. Providing the child with a monthly “syllabus” of assignments can be helpful. Professors in colleges typically distribute a syllabus for the entire semester during the first class — I’m not certain why we cannot do the same in our elementary, middle, and high schools. Some teachers assign a “buddy” to ensure that the child has an accurate picture of what homework is required. 

d. A vast number of books are lost being transported between home and school. I have found that assigning two sets of books to a student, one for home, the other for school — so that no textbooks have to go back and forth — gives the student more time to focus on learning the material in the books.



e. Some children need more physical activity than others. These are children who should be “attendance monitors” or “pet monitors.”  

■ GIVING KIDS RESPONSIBILITY

If children with LD or AD/HD are to develop a sense of ownership and pride, they must have opportunities to assume responsibilities, especially those that help them to feel that they are making a contribution to their home, school, or community. The experience of making a positive difference in the lives of others builds self-respect and serves as a powerful antidote to feelings of defeat and despair. A few examples follow:

a. An educator I know enlisted adolescents with learning difficulties to produce piggy banks for sale and to sponsor a bake sale and raffle, with the proceeds going to a needy family. The educator noted that the students' self-esteem improved as did the many academic skills that were involved in the charitable project. 🏠 🏢

b. In another elementary school I visited, a group of students proudly gave me a colorful button that had the inscription, "SOS, Serving Our School" printed on it. A special education teacher in the school had developed the SOS program in which each student was scheduled at some point during the week to be available to perform various errands for the school staff (for instance, helping the custodian or secretary). 🏢

c. Students can take care of plants in school, or paint murals on the wall, or hang up favorite drawings. 🏠 🏢

d. In our home environments, our children should see us engaged in charitable work and we should involve them in this work. I have been impressed with how eager many youngsters with LD or AD/HD are to go for "Walks for Hunger" or "Walks for AIDS." What better way to say to vulnerable children that they have something of great value to offer the world. 🏠

e. There are many classrooms that rely on cooperative learning so that students gain experience working together and helping each other. 🏢



■ GIVING KIDS A CHOICE

Research on self-esteem and resilience highlights the importance of reinforcing the belief that a child has some control over what is occurring in his or her life. Children need opportunities to learn the skills necessary to make sound choices and decisions and to solve problems. They also need opportunities to apply and refine these skills. Parents and teachers have many opportunities to reinforce problem solving and decision making skills. For example:

a. Parents of a finicky eater permitted the child to choose the food for the family dinner once each month, and eventually the child helped prepare the dinner. In addition, they gave the child a choice of things to eat to avoid a power struggle. 🏠

b. Teachers can give their students a choice of which homework problems to do. For example, if there are eight math problems on a page, students should be able to choose for themselves the six they want to complete. Teachers tell me they actually receive more homework on a regular basis when permitting their students some choice. 🏠

c. Parents can have regular family meetings as a way of asking for their children's input about solving particular problems. For example, one couple asked their son with AD/HD and his brother how to avoid fighting over who gets to sit in the front seat of the car when one parent was driving. The brothers actually came up with the solution that on odd days one would sit in front and on even days the other would. They even built in accommodations to handle when a month had 31 days, when one odd day follows another. Helping youngsters to articulate what the problem is, to think of possible solutions to the problems, and to consider the likely consequences of each solution increases the probability of children not only learning to solve problems, but also following through on the solutions (since they have helped to formulate the solutions). 🏠

d. When parents ask their children whether they want to be reminded 10 or 15 minutes before bedtime that it is time to get ready for bed, children are more likely to be cooperative when it is time for bed. 🏠

■ USING DISCIPLINE EFFECTIVELY

It is difficult to conceive of children developing high self-esteem and resilience if they do not possess a secure sense of self-discipline. That means a realistic ability to reflect upon their behavior and its impact on others and then to change the behavior if necessary.

As much as possible, parents and teachers should anticipate situations that may prove difficult for children with LD or AD/HD, situations that are likely to result in disruptive behaviors. We should either help children avoid these situations until we know that they are better able to manage them, or we should help them develop realistic alternative behaviors. One creative teacher asked a disruptive child who was constantly being sent to the assistant principal's office for disciplinary purposes to become the "assistant to the assistant principal," working in her office for a short time each day. The disruptive behavior ceased, especially as the child formed a more positive relationship with the assistant principal.

Even if we create environments that lessen the probability of misbehaviors, we still know that children will, at times, act in ways that invite adult disapproval. Many youngsters with LD or AD/HD need more limits and guidelines than their peers, but they are the first to experience any limits as major impositions on their life, arguing that the adults are not being “fair.”

In teaching children to develop self-discipline, it is essential not to humiliate or intimidate them. If we want children to assume responsibility for their actions and to perceive rules as being fair, they must understand the purpose of the rules and participate within reason in the process of creating these rules and the consequences that follow should the rules be broken. Adults must walk a tightrope when discipline is concerned, maintaining a delicate balance between rigidity and flexibility, striving to blend warmth, nurturance, acceptance, and humor with realistic expectations, clear-cut guidelines, and logical and natural consequences. Several examples follow:

a. If a child has ridden her bicycle on a dangerous street that is off-limits, the parents should forbid her to use the bike for a couple of days — the use of logical consequences. 🏠 🏡

b. An assistant principal of a middle school asked students to write a brief essay while serving detention. They were given a choice of over 30 topics including what they would do if they ran the school, what they could do in the future to avoid detention, what dreams they had for their future. As I reviewed some of the things the students wrote about, I was impressed with their ability to reflect upon their lives and their behaviors and to think about alternative ways of behaving in the future. 🏡

c. During the “orientation” period I advocate for the first couple of days of school, I have encouraged teachers to ask students what rules they think are necessary, the best ways to remember these rules so that adults do not have to remind them (i.e., nag them), and the most effective consequences should rules be broken. Students are more likely to remember and follow rules that they have helped to create since they feel a greater sense of ownership for these rules. The same approach can also be used at home. 🏠 🏡

Finally, we must never forget that one of the most powerful forms of discipline is positive feedback and encouragement.

▪ LEARNING FROM MISTAKES

All children worry about making mistakes and looking foolish. Given the many struggles they have had, children and adolescents with LD or AD/HD are typically more frightened of making mistakes than their peers. These children feel that mistakes cannot be corrected and are an ongoing source of embarrassment and humiliation. Too many children try to avoid a task that they believe will result in failure rather than seeking solutions. Since self-esteem and resilience are linked to a child’s response to mistakes and failure, we must convey the message that mistakes are part of the learning process. We can do so in a number of ways:

a. Parents and teachers serve as models. I often ask youngsters to describe how their parents or teachers handle mistakes or frustrations. I have heard a wide array of responses including, "They scream," "They shout," "They don't talk with each other," "They don't talk with me." One of the most memorable responses came from a young boy who responded by asking, "What's a double martini?" Obviously, these parents are not modeling an effective way of dealing with frustration. 🏠 🏢

b. Caregivers must examine how they respond to a child's mistakes. We should have realistic expectations for our children and not overreact to their mistakes or shortcomings. All of us become frustrated with the behavior of our children, but we must avoid discouraging remarks such as "I told you it wouldn't work!" or "You never use your brains!" If a child who is not well-coordinated occasionally spills a glass of milk, a parent should help the child clean up the spill rather than reprimanding the child for his or her clumsiness. The goal is to communicate that mistakes will occur and we should learn from them. 🏠 🏢

c. Since the fear of failure is such a powerful force in classrooms, it should be addressed before any student even makes a mistake. This can be accomplished during the "orientation" period. A teacher can ask at the beginning of the school year, "Who feels that they are going to make a mistake or not understand something in class this year?" Before any of the students can respond, the teacher raises his or her own hand. The teacher can then involve the class in problem solving by asking what he or she can do as their teacher and what they can do as a class to minimize the fear of failing and looking foolish. Openly acknowledging the fear of failure renders it less potent and less destructive. We can teach children that not understanding material is to be expected and that the teacher's job is to help them to learn. 🏢

▪ MAKING KIDS FEEL SPECIAL

Self-esteem and resilience are nurtured when we communicate appreciation and encouragement to children, when we become the "charismatic adults" in their lives. Words and actions that convey encouragement are vital for children with LD or AD/HD, many of whom are burdened with self-doubt and may not at first accept the positive feedback they receive. We must never forget that even a seemingly small gesture of appreciation can generate a long-lasting positive effect. The following are examples:

a. I met a high school teacher who told more than 150 students in his different classes at the beginning of each school year that he planned to call each of them at least twice at home in the evening during the school year to find out how they were doing. He said the calls only about 7-8 minutes an evening and had very positive results, including students being more respectful and more disciplined in class and doing their homework more regularly. This teacher knew how to help his students to feel welcome and appreciated. 🏢



b. Research indicates that when students have at least one adult in school who they feel cares about them and is an advocate for them, they are less likely to drop out and more likely to attend. 🏠

c. Schools can hold recognition assemblies not just to acknowledge the achievements of students with high grades but also to display the “islands of competence” of students whose grades are not very high but who possess other strengths. 🏠

d. I remember a five-year-old boy with a diagnosis of AD/HD who believed correctly that his father disliked him and was disappointed and angry with him. I empathized with the father’s frustration, and we discussed ways of helping his son to begin to feel special in his eyes. The father scheduled a “private time” once a week with his son, which involved going to a local donut shop for breakfast before school. This action served as a catalyst for a significant improvement in their relationship. 🏠

CONCLUDING THOUGHTS

As teachers, parents and caregivers, we must remember that we have one of the greatest privileges there is, namely, the privilege of having an impact on the life of a developing child. Having this privilege, we must always ask, “Are we using it in the most effective way?” Raising and educating children with LD or AD/HD presents additional challenges and struggles, but out of these struggles can emerge children who become creative, resilient adults.

Imagine if I interviewed your children or students 20 years from now and told them about Segal’s notion of a “charismatic adult.” Then I asked them to reflect back 20 years and name the charismatic adults in their lives at that time. Wouldn’t it be wonderful if without hesitation they mentioned your name and told me how you always believed in them and stood by them, how you helped them to feel special, how you taught them responsibility, how you focused on their strengths, how you taught them to learn from mistakes, and how you always generated hope in them? Although it is not easy, all of us are capable of becoming the charismatic adults in our children’s lives. It is one of the greatest legacies we can leave our children. It is our gift to the next generation.

MULTIMEDIA RESOURCES



LD OnLine

The world's leading website on learning disabilities and ADHD

www.LDOnLine.org

WETA

2775 S. Quincy St.

Arlington, VA 22206

703-998-2006

Learning Disabilities and Discipline with Richard Lavoie: When the Chips Are Down...
Videotape and discussion guide, 1997

Learning Disabilities and Social Skills with Richard Lavoie: Last One Picked ... First One Picked On
Videotape and discussion guide, 1994

How Difficult Can This Be?: The F.A.T. City Workshop, with Richard Lavoie
Videotape and discussion guide, 1989

Videos and guides can be ordered through LearningStore at www.LearningStore.org.

BOOKS

Barkley, Russell. *Taking Charge of ADHD*. New York: Guilford Press, 1995.

Brooks, Robert. *The Self-Esteem Teacher*. Circle Pines, MN: American Guidance Service, 1991. This book is part of the "Seeds of Self-Esteem" program published by American Guidance Service and produced by Treehaus Communications, Inc.

Goldstein, Sam. *Understanding and Managing Children's Classroom Behavior*. New York: John Wiley, 1995.

Hallowell, Edward. *When You Worry About the Child You Love*. New York: Simon & Schuster, 1996.

Katz, Mark. *On Playing a Poor Hand Well*. New York: Norton, 1997.

Levine, Mel. *Educational Care*. Cambridge, MA: Educators Publishing Service, 1994.

Osman, Betty. *Learning Disabilities: A Family Affair*. New York: Warner Books, 1989.

Shure, Myrna. *Raising a Thinking Child*. New York: Holt, 1994.

Smith, Sally. *Succeeding Against the Odds: How the Learning Disabled Can Realize Their Promise*. New York: Putnam, 1991.

Vail, Priscilla. *Emotion: The On Off Switch for Learning*. Rosemont, NJ: Modern Learning Press, 1994.

ACKNOWLEDGMENTS

- to all of the professionals who have done so much to foster self-esteem, hope, and resilience in children and adolescents with LD and/or AD/HD and who have also provided respect and support for the parents and teachers of these youngsters
- a special thanks to Dr. Mel Levine with whom I collaborated for over 10 years when he was in Boston; my understanding of LD and AD/HD youngsters benefited greatly from my work with him
- my appreciation to Rick Lavoie not only for what he has done on behalf of individuals with LD and/or AD/HD, but for his support of my involvement in this video project
- to the staff at WETA, especially Christian Lindstrom for all of her assistance and Noel Gunther for his helping to launch this project and for his ongoing input, support, and insights
- to my sons Richard and Douglas who helped me to recognize what is truly important in the lives of children
- to my wife Marilyn for providing the encouragement and love that have served as a foundation for my personal and professional life
- and to all of the youngsters with LD and/or AD/HD as well as their parents and teachers who taught me the true meaning of courage and resilience

Robert Brooks