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LEARNING DISABILITIES AND THE CHURCH

Including All God's Kids in Your Education and Worship

Cynthia Holder Rich
Martha Ross-Mockaitis

Foreword by Barbara J. Newman

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We welcome your comments. Call us at 1-800-333-8300 or e-mail us at editors@faithaliveresources.org.

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ABBREVIATIONS

Here is a list of common abbreviations for terms you might hear or read about in the area of Learning Disabilities and Attention-Deficit/Hyperactivity Disorder:

ADA	Americans with Disabilities Act of 1990 (U.S.)
ADD	Attention Deficit Disorder(s). This term was used to distinguish an individual with the inattentive type of Attention-Deficit/Hyperactivity Disorder. You may still hear people use this term, but it is no longer used in the fields of education or psychology.
AD/HD	Attention-Deficit/Hyperactivity Disorder. Includes three different types: AD/HD—Predominantly Inattentive Type; AD/HD—Predominantly Hyperactive-Impulsive Type; or AD/HD—Combined Type.
IDEA	Individuals with Disability Education Act of 2004 (U.S.)
IEP	Individualized Education Program (U.S.)
LD	Learning Disabilities
NCLB	No Child Left Behind Act of 2002 (U.S.)
NIMH	National Institutes of Mental Health (U.S.)

FOREWORD

How do you learn best? If, for example, your spouse asks you to bring home six items from the grocery store, how do you remember that list? Do you grab a piece of paper? Rehearse the list several times in your head? Come up with a quick song or rhyme to help you remember which items your spouse needs to create dinner? Try to picture the finished meal in your head and link that picture with the items needed? What's your learning style?

Perhaps you've never thought about your learning style. I can assure you, however, that you have built your life around it. You simply processed that list of six items without giving much thought to the method you used. You have created successful ways of categorizing, memorizing, learning, retrieving, attending, and speaking—at school, at work, at home. You have surrounded yourself with the tools and methods you need to be successful. Most of us use these strategies effortlessly each day—that is, until we hit a snag.

Now imagine that you've been given a list of six items to purchase—but you find yourself without paper and pencil. Suddenly you need to find an alternate method for remembering the list. So you try to visualize the needed items—only to discover that you are in such a noisy environment that you can't focus. Or imagine that you need to schedule an appointment but your planner's in the car. Or your computer is down and you can't access your schedule. It's time to come up with Plan B. This is something of a chore. You actually need to think about how you will remember or execute something.

Frustrating as they are, those are the times you can best relate to individuals who struggle with memory and recall. Those are the moments that remind you that some things you normally do effortlessly may be more difficult for others.

Although this book is about children who have been labeled "learning disabled," it's important to place that term in context. It's important to explore your own unique learning package as well as to examine how other image-bearers of God learn. It's important to shift gears into that place we sometimes call Plan B.

Most schools and churches are set up for a "one size fits all" approach. I have the distinct advantage of being packaged in a body that learns by ear and can

process language well through speaking and writing. Most schools and churches are set up for people who are wired like me. We listen to sermons or lectures. We respond by discussing in small groups or by completing written assignments. But what about the person who is wired to learn best through visual examples? What about the person who can think in pictures and draw an in-depth portrait of the message or lesson? Although I was typically rewarded in school with "A"s, my friend who excelled in visual images was not. Does that make my friend disabled?

Let's turn the tables for a moment. Let's imagine that sermons are a series of visual images not connected with words. Let's imagine that every assignment requires you to create a well-thought-out painting conveying the main idea and content of the lesson. Who would be the "disabled" one now? Let's face it: we have set up our learning environments for the success of those who flourish in the most typical presentation and response modes. The others are generally out of luck.

We live in a time when differences are quickly labeled. People with unique medical conditions and learning differences often have initials or categories attached to their names. A child may have AD/HD. An adult may have Cerebral Palsy (CP). In a way, these designations help us understand one another better. They keep us from labeling people with unkind terms like "odd" or "peculiar." They give us information about an individual. On the other hand, these designations can steer us away from remembering that each individual is a person created in God's image and is a full member of God's family.

This book, then, is an attempt to help churches remember. As we look at children and youth in our congregations who have been designated LD or AD/HD, these labels tell us that these individuals need some special handling in a typical classroom or worship setting. Perhaps it would help to associate the initials LD with "learning differences" as opposed to "learning disabilities." Keep in mind that we use initials and labels not to limit children but to acknowledge that we must be more creative and purposeful in our effort to educate and include all of God's children more effectively in our congregations.

As the title and subtitle of this book indicate, *Learning Disabilities and the Church* is intended to support the needs of all God's children, not just those who are known to have LD and AD/HD. The ideas and strategies outlined here will be helpful for many individuals. As someone who works with children and youth who have cognitive delays, emotional needs, and autism spectrum disorders, I'm convinced that the ideas in this book could support the learning environment for some of these individuals as well. Feel free to try some of these ideas with those who have other learning or medical designations. Consider this book a menu of choices—things to try. Every item will not work with every child, but by trying them you will develop a bank of strategies that help support the gifts and needs of each child in your congregation.

—Barbara J. Newman

INTRODUCTION

This book is written for you. It's for volunteer teachers and directors of Christian education; for Christian education committees and worship committees; for church boards, pastors, and other church staff who want to help children, young people, and families who are challenged with learning disabilities. Although our Presbyterian and Reformed perspective shapes this book, you'll find that much of the guidance offered will transfer to congregations from a variety of traditions and denominations. You'll also find that many of the strategies and ideas listed for individuals with LD and AD/HD transfer to support children with a wide variety of gifts and needs. Children with a cognitive delay, for example, may greatly benefit from the information in this book.

Our goal is to help readers find effective ways to accommodate and integrate into the life and ministry of congregations the many children, youth, and families who live with disabilities. Some families may join your church eagerly, having received great support and encouragement in the past. Others may join your congregation with some trepidation, having "failed" in the past to become part of a faith community that would accept them and their child with disabilities. There are times when kids with learning disabilities (LD) and Attention-Deficit/Hyperactivity Disorder (AD/HD) present behavior problems. They may have difficulty reading, writing, responding, listening, sitting still, and behaving appropriately in traditional worship and Sunday school settings. Such individuals can present a real challenge—and opportunity—for congregational ministries.

At least 4 million school-age children and youth in the United States are diagnosed with at least one form of learning disability (Medical College of Wisconsin Healthlink, http://healthlink.mcw.edu/article/1014733673.html). In Canada, government studies suggest that one in ten Canadians struggle with one or more learning disabilities—approximately 3 million Canadians (www.ldas.org/statistics.htm). These figures do not include those children and youth with mild or moderate disabilities who are not receiving special education services, nor does it include most children who are home-schooled, many of those who study in private schools and academies, and those with more moderate to severe disabilities. Given these numbers, it's likely that your

congregation has already encountered one or more of the families described in this book. This book, then, is for you.

Jamie's Story

Jamie, a creative and imaginative child, had been described as "full of energy" and "all boy " since he was very small. In fact, his energy level seemed higher than that of the other kids in his preschool class—to the point that he was unable at times to participate constructively in class. Jamie often had difficulty paying attention and frequently disrupted class sessions. His parents, Bob and Sue, were encouraged to have Jamie evaluated for Attention-Deficit Hyperactivity Disorder (AD/HD). After testing Jamie, doctors concluded that Jamie's symptoms fit a diagnosis of AD/HD. They presented Bob and Sue with a variety of treatment options, both medication- and non-medication-based. In consultation with the doctors, Bob and Sue decided to try to manage Jamie's disorder through means other than medication.

But when Jamie entered public school, his behavior and learning issues grew more difficult. Jamie's behavior, heightened by the transition to a new school, new teacher, and new expectations, disrupted the class almost daily. Often Jamie reacted to this panoply of newness with anger and "inappropriate" behavior.

Soon after Jamie started first grade, the teachers and educational professionals met with Bob and Sue. They strongly recommended that Jamie be reevaluated for medication. Confronted with contradictory advice from professionals, friends, family, and the popular media, and with a growing sense of defeat and confusion, Bob and Sue decided to try medication. Thus began the years of trying to get the right medication and the right dosage for Jamie—all the while monitoring side effects and advocating for Jamie to receive the support he needed to succeed at school.

Bob and Sue often wondered whether they were making good choices. They wondered whether they were good parents, and whether Jamie would grow up to become a functioning and happy adult. Sometimes they disagreed with one another, which added stress to an already stressful home life. Despite educational testing that showed Jamie's high intelligence, the future often looked bleak.

When Jamie was small, his family had attended church regularly. They contributed financially and were active participants in a variety of ministries. Both Jamie and his younger sister had been baptized and welcomed into the faith community. Bob and Sue felt blessed by their participation in their church family.

But as Jamie grew into an "overactive" preschooler less able to sit quietly in worship and participate "appropriately" in Sunday school, several murmured complaints eventually got back to Bob and Sue. Jamie's church school teachers began to have difficulty with his behavior; ultimately fewer and fewer of them were willing to deal with him. They simply felt unqualified to deal with the challenges Jamie's presence brought to the class. The church's practice of rotating

teachers from a team for each grade made matters worse. Jamie responded badly to each change of teacher, becoming aggressive in class. Other parents wanted to make sure Jamie would not be in their child's class. Comments like these began to filter up to the Sunday school and pastoral staff:

- "Either I can teach the lesson, or I can try to control Jamie."
- "We shouldn't be expected to try and handle him. His parents obviously can't handle him—anyway, it's their responsibility, not ours."
- "If I have to teach with him in the class, I quit."

Meanwhile, on a number of occasions the ushers encouraged the family to take Jamie out of the worship service because his behavior made it difficult for others to worship.

Eventually, Jamie's family decided to conserve their energy for dealing with the things that "really mattered"—Jamie's success at school. They dropped out of church. A few months later, the pastor called Bob and Sue to find out why they had left. The pastor made no mention of Jamie; in fact, he seemed completely in the dark about the issues their family was facing, and how the reaction of the church family to Jamie had hurt them. No one in the congregation seemed to care about what Bob and Sue were going through. They only seemed to care about making sure Jamie didn't bother them in worship or in Sunday school.

In the end, Bob and Sue concluded that, despite their own pain, it was all for the best. Sundays were a lot less hectic now, and the whole family had one day a week when they didn't have to struggle to make everything work.

What's Wrong with This Picture?

Sadly, families like Jamie's who are struggling with learning disabilities sometimes experience this lack of caring and understanding from their congregations. Parents like Bob and Sue face blame and shame as congregation members and staff express escalating irritation about the issues that children like Jamie raise in worship and Sunday school. No wonder dropping out of church seems like an acceptable solution to the "problem" of church participation.

It's clear that instead of blame and shame, what these families need is the care and compassion of a faith community.

Baptism: The Key to Our Role and Task

In the Reformed and Presbyterian tradition, congregations receive children into the faith community through baptism long before their skills, gifts, and abilities are known. They are baptized regardless of their skin color and before their personal likes and dislikes become evident. In baptism, the faith community acknowledges God's covenant promises and vows to nurture children and to support their parents and families as they grow in faith.

In addition to the baptismal promises made by parents and congregations at a child's baptism, Christians are called to follow Jesus and to welcome the stranger and the outcast, to care for those in need, and to proclaim Christ's good news to all. Our role is to let the children come to Jesus, and not to hinder them. Our task is clear: we must make the necessary accommodations to welcome those to whom we have a hard time extending Christian hospitality.

Thus, congregations have a responsibility to children and their families—regardless of whether or not they are challenged by learning disabilities. Congregations are called by God to become hospitable and safe places where children, youth, and families are accepted and valued, and where our common membership in Christ's body, the church, is celebrated. They are called to model the forming of disciples and to call all members to a life of service, witness, fellowship, and worship.

Children, youth, and families dealing with learning disabilities share in this calling to use the gifts and graces God has bestowed upon them for the service of all. As congregations consider the challenges, joys, and risks these members of God's family encounter on a daily basis, it becomes increasingly clear that their task is to develop effective methods that make possible the building of realistic and accessible paths for the establishment of identity as full members in the body of Christ—partners in God's movement of faith, witness, learning, service, and worship.

For parents of children and youth with learning disabilities, the demands are great and the stress can be high. Advocating for their children, educating themselves on options, working with teachers and mental health professionals, and striving to be "fair" to their other children can be very isolating for these parents. But as the body of Christ, we have family ties that are deeper and more authentic than those that are simply biological. We are all members of the family of God. So we reach out to assist the parents of children with special needs. And as we live out the baptismal covenant, we learn that parenting these children and welcoming them is a task shared by the entire community.

This book is written to assist congregations, through their education and worship communities, to become places of belonging for all God's children. Together we can learn to accommodate, to accept, to make room—and to celebrate!

What is at stake in the search for effective approaches to Christian education and worship ministries for children, youth, and families dealing with learning disabilities? This question points to a number of issues. Children with learning disabilities and their families are more likely to drop out of church than those who do not face such challenges, thus depriving congregations of their gifts and talents for years to come. These children can find school more challenging and they may be drawn into unhealthy activities ranging from asocial behavior to criminal activity. Their families might experience greater degrees of domestic conflict. The importance of ministering to this population is clear.

Overview

The following three chapters offer an overview of issues raised by the presence of children and youth with learning disabilities and their families in our faith communities.

- Using a series of frequently asked questions, chapter 1 describes the nature and substance of learning disabilities and Attention-Deficit/Hyperactivity Disorder and discusses issues for congregational ministry with children, youth, and their families who are challenged with these conditions.
- Chapter 2 deals with seven common learning and life differences in children and youth with learning disabilities and their families; it examines ways congregations can effectively minister to people with these particular issues.
- Chapter 3 points to how congregations can offer God's grace to these families through their education and worship ministries. It offers specific strategies for making accommodations to enable these children and youth to participate in church school and worship. And it challenges congregations to see a wider scope of possibilities for what it means to be the church—the body of Christ.
- Appendices include case stories with discussion questions about learning disability issues faced by congregations; a list of Scripture passages for preaching and teaching inclusion; ideas for celebrating inclusion in congregations; and a list of helpful organizations and websites. There's also an annotated bibliography for those who want to read more.

We offer this volume in the hope that through its use congregations may more fully reflect the light of Christ to a world that needs God's good news. God's rich blessings be upon you as you do this important work!

CHAPTER 1

Understanding Learning Disabilities (LD) and Attention-Deficit/Hyperactivity Disorder (AD/HD)

This chapter offers an overview of learning disabilities and Attention-Deficit/Hyperactivity Disorder using a "frequently asked questions" format. It assumes little in the way of prior knowledge.

1. What are learning disabilities?

Learning disabilities, disorders, or differences (LD) are defined in a variety of ways. The more formal definitions that follow point to the fact that those with LD may not respond as desired or expected to traditional teaching methods. A Sunday school teacher, for example, might be telling a Bible story to a group that includes an individual who has an excellent vocabulary but who struggles to understand spoken words. When asked a question about the story, this child may have incomplete information. Individuals with learning differences, therefore, create opportunities for leaders to become more creative in their approach to teaching. Leaders must provide ways for each individual to connect with that Bible story—be that through words, pictures, songs, dramas, or wooden figures.

According to the National Institutes of Mental Health (NIMH), "LD is defined as a significant gap between a person's intelligence and the skills the person has achieved at each age."

In the U.S., the Individuals with Disability Education Act of 2004 (IDEA) defines learning disability as "a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations." This definition further states that learning disabilities include "such conditions as perceptual disabilities, brain injury, minimal brain dysfunction [and] dyslexia. . . ."

The Learning Disabilities Association of Canada defines learning disabilities as "a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency."

Some researchers define LD as "a disorder that affects people's ability to either interpret what they see and hear or to link information from different parts of the brain." The dual issues of faulty *interpretation* and *linking* of information are key for our discussion.

Another condition that researchers and educational professionals do *not* consider a learning disability, while acknowledging its adverse impact on learning for many children and adults, is Attention-Deficit/Hyperactivity Disorder (AD/HD). Some symptoms of AD/HD include the following:

- over-activity or difficulty modulating activity level appropriate to an environment
- impulsivity—acting before thinking through consequences
- difficulties with sustained attention
- difficulty focusing, inability to concentrate, problems staying on task, persistent daydreaming
- poor organizational skills

Some people have the last two symptoms while showing few if any of the other symptoms. These individuals would be characterized as having Attention-Deficit/Hyperactivity Disorder—Predominantly Inattentive Type.

Since these conditions present similar challenges to congregational ministry, we address LD and AD/HD together.

Although the above list is a set of "symptoms," it's important to remember that along with these challenges often come gifts of creativity, vision, and energy. Many times an individual with AD/HD can see a solution to a problem that no one else

can see. Focusing only on "symptoms" or "disabilities" often clouds our vision to see the possibilities and abilities in an individual.

As we consider individuals who have unique learning needs and present similar challenges to congregational ministry, we address LD and AD/HD together. Remember, however, that many children will benefit from a variety of teaching and response activities, not just those individuals with stated special needs.

2. Is it helpful or hurtful for an individual to be labeled as having LD or AD/HD?

In general, children receive these labels from a school assessment team, a psychologist, or a doctor. Although limited in their usefulness to capture a child's unique set of strengths and needs, designations can give information to others and help an individual get the services he or she may need to be successful in school or other environments. For example, if a person finds out that she has a hearing loss, she might want to use a hearing aid, a special amplification system for a classroom, and special seating in class. The designation of hearing loss allows a school system or insurance company to provide these services in response to the need. Without a diagnosis of hearing loss, that individual would not have access to support. The same is true for individuals with LD and AD/HD. Schools and other agencies can provide needed support for individuals with either designation. In that way, labels are helpful.

It can be hurtful, however, when others see only the label and not the person. People might make an assumption that because a child has AD/HD, the teacher in that classroom is in for a very bumpy ride. Making judgments based on a label can be hurtful. It's always important to get to know that child or youth as an individual. Dive into the pattern of gifts and needs tucked inside that gift to your community. Delight in opportunities to reach a growing mind. Use the label as a cue that you might need to make some changes or additions to adequately teach that individual, but count it as a joy.

3. Are people with LD or AD/HD cognitively impaired or developmentally delayed?

These conditions usually affect people of average or above-average intelligence, including some who might otherwise be labeled "gifted." It's also possible, for example, to have a child with Down Syndrome be diagnosed with a cognitive impairment as well as AD/HD. The combinations in children come in a wide variety, so it's important to know the individuals with whom you work, not just the letters behind the name. Although the focus of this book is on the vast majority of these individuals who are not cognitively impaired, many of the strategies could be helpful for a variety of people who have special needs.

4. Are LD and AD/HD real conditions or disorders?

There is some popular belief in the culture that LD and AD/HD are not real disorders—that if only parents and teachers were stricter, demanded more, or used

adequate discipline, these disorders would fade from view. Another common religious misunderstanding is that if parents were simply more faithful, their children would be cured. Finally, some people of faith who accept that these disorders exist believe that prayer alone is the answer. These well-meaning Christians may blame parents and families for the very problems they are dealing with. Their attitudes are common enough that one evangelical Christian group has created a website to challenge them (www.christianadhd.com).

5. What behaviors do people with LD exhibit?

Although this is a list of some unique characteristics you might see in individuals with LD, remember that they describe only a small portion of what makes up an individual's unique learning profile. Where one individual might have needs in the area of understanding words, for example, her ability to build a complex Lego structure may be advanced far beyond her years. Use caution, therefore as you read this list:

- difficulty understanding and following instructions (you ask your class to look up a Bible passage, but Billy does not even move when the others start leafing through their books)
- trouble remembering what someone just told him or her (you just mentioned that the Christmas story is taken from Matthew and Luke, but Suzy asks a few minutes later where she should look to find the story)
- difficulty distinguishing right from left; difficulty identifying words; a tendency to reverse letters, words, or numbers (confusing 25 with 52, "b" with "d," or "on" with "no")
- difficulty reading or writing, sometimes to the point of refusing to engage in either activity
- saying words out loud while writing (a form of "self-accommodation" the child has developed in order to translate thoughts, which come more easily, into written communication, which is more difficult)
- seems to understand a concept one day but not the next
- shows a large gap between written ideas and understanding demonstrated through speech; expression and verbal understanding

You are probably asking yourself, "Don't most kids exhibit these behaviors?" The answer is yes, but usually not to such a degree that they consistently inhibit the child's ability to function or participate more fully in the group.

Only trained professionals can diagnose a condition of LD or AD/HD. You can, however, aid parents in getting help by bringing behaviors to their attention in a constructive manner. "Have you noticed that Suzy has trouble sitting still?" is

appropriate; "Your little girl is obviously hyperactive" is not. You may be surprised to find out that Suzy has already been diagnosed but that her parents get tired of explaining why she is not "normal." In that case, "I've noticed Suzy has trouble sitting still. Can you give me some ideas about how to deal with this?" will get you a lot farther than, "How can I get your kid to stay in one place?"

6. What causes LD and AD/HD?

The medical world has made some amazing discoveries over the last few years. The availability of brain scans and well-funded research has created much discussion about the exact reason we see some of these differences in individuals. For those interested in understanding more about current research, the websites in Appendix D will be a great place to begin. For our purposes, however, understanding the cause is not nearly as important as understanding how we can best support those who have unique needs while utilizing their areas of strength. Suffice it to say, there is a growing sense that these conditions are "hard-wired" in the brain. The important thing to remember is that parents and families did not cause these conditions by traumatizing, mistreating, mismanaging, or neglecting their children. College educated parents are just as likely to have a child with one of these conditions as those with a high school diploma. Working mothers are no more likely to have a child with one of these conditions than those who stay home.

7. What is the scope of the problem?

Research suggests that at least 4 million school-age children in the United States have been diagnosed with LD. Of these, 20 percent have some kind of AD/HD that leaves them frequently unable to focus their attention. This means somewhere between 3 and 5 percent of U.S. schoolchildren have Attention-Deficit/Hyperactivity Disorder, the majority of whom are boys (Medical College of Wisconsin, http://healthlink.mcw.edu/article/1031002453.html). In Canada, government studies suggest that one in ten Canadians, approximately 3 million people, have one or more learning disabilities (www.cfc-efc.ca/docs/ldac/00001132.htm; www.ldas.org/statistics.htm).

A few calculations will lead us to some reliable conclusions about the people in our pews on Sundays. If roughly 45 percent of the U.S. population of about 300 million (according to the 2000 census) identify themselves as Protestant Christians, between 4 million and 6.7 million Protestant Christians in the U.S. are likely to have diagnosable LD or AD/HD. That raises an interesting question: Just how many of these people are in church on a given Sunday? Demographers ask people about their religious self-identification, knowing that many will name a particular tradition without implying active participation in a local congregation of any type. How many of the people in that 4 to 7 million have found some congregation, any congregation, to be a safe space where they can invest in the life and ministry of that faith community? How many have felt

themselves excluded, or have excluded themselves, because of their unwillingness to risk not fitting in in yet another context? This is a crucial question for us and for our ministry.

8. What are the different forms of LD?

Learning disabilities can be divided into many categories. Psychologists have codes and numbers to very specifically define the type of need in each child. Although important educationally, it might be most helpful to talk about general categories. Some researchers divide LDs into these three broad categories:

- *Developmental speech and language disorders,* in which children have difficulty producing speech sounds, using spoken language to communicate, or understanding what other people say. Because of the primacy of the development of speech in order to communicate and respond, this kind of LD is often identified earlier in life than the other two. Additionally, this is the most commonly identified and diagnosed of the three forms of LD, with 85-90 percent of school-aged children diagnosed with LD manifesting specific reading or language-based disabilities.
- *Academic skill disorders,* in which children have difficulty with the development of the skills needed to read, write, or do arithmetic. These are often diagnosed in the early years of a child's schooling.
- *"Other" disorders.* This catch-all category includes certain coordination disorders and learning handicaps not covered by the other terms. These may include motor skills disorders and other diagnoses that do not meet the criteria of a specific learning disability included in the first two categories.

In addition, although they are not considered true learning disabilities, the prevalence of a fourth category deserves our attention here.

- *Attention-Deficit/Hyperactivity Disorder,* in which children seem to daydream excessively, are easily distracted, and tend to mentally drift. Teachers and parents often report of children with attention concerns that they "seem to be in a world of their own." Attention-Deficit/Hyperactivity Disorder suggests three categories or types: Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, and Combined Type. Because of the "quiet" nature of symptoms in attention deficit without hyperactivity, some children with Attention-Deficit/Hyperactivity Disorder—Predominantly Inattentive Type are much less likely to receive diagnosis early, and may drift academically for some years before receiving assistance.

9. What kinds of educational and medical professionals work with children who have LD and AD/HD?

Parents of children and youth with these types of special needs often find themselves working with a wide range of education, medical, and other professionals

as they seek to help their child. The sheer number of people with whom they deal in a given week can be overwhelming. This situation makes it essential for the church to be pastoral in its ministry rather than clinical.

10. What are the legal issues?

United States citizens with LD and AD/HD have a variety of legal rights under the Americans with Disabilities Act and other acts. Canadian citizens with LD and AD/HD are protected through the Canadian Human Rights Act, which is multifaceted legislation that seeks to address the rights of persons made legally vulnerable by a variety of conditions and circumstances. As private institutions, churches are exempt from these laws. However, you may have occasion to advise parishioners who feel their rights are not being protected or who may not even be aware of them. If the individual is school age, parents may appreciate the support of having a friend from church attend meetings. That could allow the parent to focus on the needs of the child, while the accompanying friend can focus on obtaining the best support possible for the child and on understanding the laws of protection. Tapping into the expertise of school staff and working with them as a team is often the best way to understand what kind of support is available. In some cases, the best course of action is to refer people to a qualified attorney. For the purposes of congregational ministry, knowing about these laws can help us in our work with children, youth, and families.

Knowing that an LD diagnosis itself can lead to a negative understanding of the child by teachers and other adults, congregations can model acceptance of all people and their gifts and, as Paul reminds us, work to see people as Christ would see them, and not from a human point of view (2 Cor. 5:16).

Even though individuals with special needs have certain protection under the law, churches have an opportunity to deal with people under the law of love. Imagine being included or served because the law requires it, in contrast with having someone make special arrangements for you because they *want* to include you. What an amazing message of inclusion, understanding, and honor the latter would communicate to a fellow brother or sister in Christ! Our basis for inclusion in a church, therefore, is not first of all obedience to the laws of the land but obedience to the way God wants us to live as his body.

11. How do schools approach children who have been diagnosed with LD?

Public schools and other publicly funded institutions serving elementary, middle school, and high school students follow a rather standard set of steps once a child has been diagnosed with LD.

When a diagnosis has been reached, an individualized education program (IEP) will be formed. The IEP will outline in detail every accommodation that the school, in consultation with the parents or guardians, sees as appropriate to both the diagnosis and to the collective experience of all adults involved with the child. These accommodations can range from strategic seating, to time out of

class with a special education support staff to work individually or with a small group on assignments that are particularly difficult for a student, to the development of different ways for the student's progress to be assessed.

An IEP is also important for a youth taking standardized college entrance exams such as SAT and ACT. Many teens with special needs will benefit from college and university special education programs. Such assistance can make all the difference in achieving academic success and receiving a college diploma.

As a pastor or Sunday school teacher, you will not have access to the child's IEP unless parents choose to share it with you. Bear in mind that a few parents may not be happy with the IEP, and that they may feel that the school is doing less than it should to accommodate a student's needs. Even if the IEP is perfect, parents may be reluctant to share it. Again, a pastoral rather than a clinical approach may elicit the cooperation you need. "Tell me, how does Joan learn best?" will help establish trust and build relationships with the family.

12. What about medications?

The use of medications for treating children and youth with LD and AD/HD is controversial. Comments such as, "We're drugging our kids too much" or "Don't you worry about putting your kids on drugs?" add to parents' already considerable load of guilt. You need not know—nor is it appropriate to ask—if a child is medicated unless his safety depends on such knowledge. For example, medical release forms used for youth trips should list any medications the child takes. These forms should be held in the strictest confidence and revealed to chaperones and other volunteers on a strictly need-to-know basis.

The decision to medicate a child is a difficult one that parents should make only in consultation with a qualified physician. Under routine circumstances, it is seldom appropriate for church staff to discuss options about medication with parents, and it is *never* appropriate to suggest that a child be medicated. Only a doctor should do that.

13. How does the presence of a child or youth with LD or AD/HD in a household impact the rest of the family?

The condition of one member affects everyone in the family. Children with LD or AD/HD may realize that they are different from other children their age. Some will not understand why they are behind in school or what makes them different. Others may have participated in activities and evaluations that allow them to better understand their learning profile. Many of these children have had the chance to see how the strengths they have can help support the challenges. At times, children with special needs in one area may also have a very high level of intelligence. Most of the time considered a positive quality, their above-average intelligence can add to their frustration. Many times, children with learning challenges may have those "head" concerns (issues related to learning information) lead into places of "heart" concerns (issues related to emotions and self-concept.).

Without proper intervention, some come to know that their differences are keeping them from conforming to "age-appropriate" expectations. This awareness can lead to embarrassment and low self-esteem.

In other cases, these negative feelings can cause children and youth with LD or AD/HD to "act out" in ways that affect the whole family. Acting out may take the form of withdrawal or of belligerence. It is not uncommon for these children to get into fights with peers. Fights in the home with siblings and/or parents can become common as well. Finally, some of these children also struggle with depression. It's critical that children receive many opportunities to understand that every individual is a unique package of gifts and needs. Understanding their own gifts and needs can free children to maintain a strong and positive "heart" despite their struggles with the "mind" required during the school years.

Having a child with LD or AD/HD can be an emotional challenge for the entire family. Parents may experience guilt, frustration, anger, or despair. Brothers and sisters may become irritated at the amount of attention this "special" child receives, particularly if the "normal" children are doing well in school and at home. Congregations need to be aware of the potential stress experienced by these families and seek ways to minister with all members in appropriate, effective, and relevant ways.

It's important for families and church families to understand that the issues related to LD and AD/HD are often the most difficult during the school years. School and educational settings require a huge amount of attention skills and learning ability—especially learning that relates to language understanding and usage. Once they have come through the school years, these individuals can choose a profession that will best suit their gifts and needs. So you'll want to help families see beyond these times that sometimes seem filled with struggles. That child may one day become the elder who is able to see a solution to a church issue no one else was able to see. That young person may become the most creative Sunday school teacher on your staff. Stress the uniqueness of these children of God as you do all others. Avoid reporting every little classroom issue to parents. Emphasize the contributions they make to church activities. Do not make their families feel that their children are a burden requiring too much energy from staff and volunteers.