

# Who has overcome learning and developmental problems?

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I get the calls all the time: my child is 12 and is labeled ADD and can't read; my child is dyslexic and struggling with school; my child is in resource and it's affecting her self esteem; I'm homeschooling 6 children, but my 13 year old just isn't "getting it" and takes up all my time; I know he's bright but the teachers say he's too distractible and I should have him tested and possibly put on medication; my child can't follow directions; my child knows all the phonics rules but just can't seem to put it all together, my child is ADHD, my child is CAPD, my child is bipolar or ODD or has attachment disorder. A plethora of labels and problems; a world of worried and concerned parents.

I would like these concerned parents to meet some of "my families", families with children who have overcome their problems and gone on to function with or surpass their peers. The fact is that if we treat the causes of these problems, the children and adults can overcome their labels and go on to achieve the work the Lord has for them.

## MY FAMILIES

Mark was 16. He was reading well but his math was the pits. His summer job had been a disaster. He couldn't follow directions, he left things undone, he lost things, he couldn't relate to his peers because of his social immaturity. When I saw him, I noticed his right eye was permanently dilated. Upon testing his convergence, I found that his eyes didn't converge at all! Because his eyes hadn't learned to work together he had learned to suppress vision in one eye and he was essentially losing vision in his right eye. He also had low auditory processing skills, bad long-term memory for some things, poor ability to think holistically, sensitivity to sounds. His mother was a diligent homeschooler but Mark had given up and stubbornly refused to do any more schoolwork. Behavior had become a real problem.

Within 2 months of doing eye exercises, Mark looked totally different. Everyone commented on how much more animated his face looked. His eyes were working together for the first time in his life. With a program to fix his sound sensitivity and auditory processing exercises, his maturity level improved, he could understand and follow directions better and was much more socially appropriate. Doing an accelerated math program, Mark finally mastered fractions, decimals and percent and is well on his way through algebra. Some exercises to help him learn to think in pictures as well as sequentially helped eliminate some of the strangeness of his behavior that drove people away.

Now Mark's future is much brighter and he looks forward to being successfully employed this summer.

Linda was 12 and was still doing 3rd grade work in her homeschool program. Her mother had always wanted to avoid labels so she had worked hard at helping Linda learn, but things just didn't stick. A sweet and pretty girl, she would smile and listen during conversation and have no idea what was going on. Linda had had major ear problems as a child and surgery on her ears. For a year after the surgery, Linda had gone around with her hands over her ears because the sounds hurt them so much. When I tested Linda she was functioning auditorily at a 5-year-old level. She was indeed reading at a 3rd grade level. She had major problems with visual and auditory processing and her long-term memory wasn't. Linda had a kind of vacant look. But a sweeter girl and a harder worker you have never met!

Linda started on her program with great diligence. Her auditory processing improved very quickly on the program to help her learn to hear without sensitivity and exercises to help her improve her short-term memory. Switching her eye and ear dominance to the right helped improve her long-term memory. With an intensive math and reading program, her academics jumped up grade levels in a matter of months. Today she reads for pleasure for the first time in her life. Sweet Linda has a future where all of her abilities are fully formed and she can pursue whatever tasks she chooses.

Kate challenged you if you just walked into the room. This little 8-year-old was manipulative and demanding. She tried to get everyone under control and had her mother well trained to meet her multitudinous demands. She had been kicked out of every school she had ever attended and her mother was desperate. Kate was so sensitive to sounds that she would be in a corner with her hands over her ears before her mother could even hear the airplane-flying overhead. She was very socially immature, preferring to play with little children instead of her peers. She was never invited over to play with children of her own age and acting up during church was a major problem. Kate also didn't feel pain appropriately, bit her nails badly and reacted dramatically to the slightest skin injury. She also wet the bed every night.

Kate started on a program to reduce her sound sensitivity. Her processing was that of a 3-year-old. Within 6 months, everyone commented on the changes: she had matured considerably, everyone asked her mom at church, "what did you do to Kate? She's so changed!" With the program to reduce her skin sensitivity to touch and textures, tactility exercises to make her pain sensation more appropriate, and an accelerated academic program, today Kate is in school and doing well. She reads for pleasure and her peers now invite her over to play. And, no more bed-wetting and nail biting!

Ben and Chris had been in a very expensive private school for children with learning disabilities. Ben was 11 and Chris was 9, but both were functioning at the 3rd grade level. Ben was very laid-back, easy-going kid, but Chris was the "professor", thoughtful and diligent and talkative. They both had significant problems with reversals and long term memory.

Ben was mixed handed but wrote with his left, mixed dominance with respect to his eyes and ear. This mixed dominance affects long term memory and reversals, especially when the hand is involved. He also had a history of ear infections and low auditory and visual processing and a slight convergence problem. By shifting his eye and ear to the left, giving him exercises to strengthen his left-hand dominance, an intensive academic program and processing exercises, he made progress, but very slowly. Six months, 9 months, very slow progress. Finally we re-evaluated the situation and decided to shift Ben to the right. Immediately he showed progress. His academics made the jumps we had been expecting and the reversals disappeared. His eyes worked smoothly and his visual and auditory processing went through the roof. We worked on his hearing to improve tonal processing. He's still laid-back. But now Ben can graduate with his peers.

Chris made immediate improvements and jumped 5 grade levels in reading in the first 4 months. His processing improved very quickly. "The Professor" told his mother that he wasn't going back to school if he could make this much progress at home.

David was 7 years old and in first grade for the second time in a small, private Christian school. David was squirmy, he couldn't sit still, he wouldn't stay in his seat, and he wasn't learning. He touched other children all the time, which drove the other children and the teacher crazy. He was very socially immature. Everything distracted David. All of David's senses were too sensitive. His peripheral vision was hyper - too sensitive - so that if there was anything going on visually, he had to look. His hearing was sensitive so that in a noisy situation, his behavior broke down. He was extremely ticklish and touchy. David would only wear sweat pants and only certain kinds of socks. All of the labels were cut out of his soft, cotton shirts. He had not established any dominance and academically, David tested very low. To try to control his behavior, the teacher had resorted to putting his desk up front, right next to hers.

Within 2 months of tactile desensitization, David stopped the inappropriate touching, and all the other tactile issues were resolved. He wore normal clothes. He sat still. A vision program decreased his visual distractibility. The hearing program reduced his sound distractibility. The teacher was amazed at the changes. David has taken off with his reading. His mother decided to keep him after all. David wasn't ADHD, he was hypersensitive.

Little Kelly was a cute little red head that looked like a rag doll. She had a droopy, sleepy look, couldn't walk across the room without falling down, couldn't skip and had poor balance. She was also

behind academically. At the age of 8, her mother had refused to have her labeled, but was concerned.

Kelly had a history of severe ear infections, which had apparently affected her balance. She also was hypertactile on her face and skin. With a program of face and skin stimulation, spinning, cross-pattern activities, Kelly SKIPPED into her first re-evaluation. Her whole face was brighter! She had lost that slack look; the droopy eyelids were now bright and shining. She was reading and now school was fun! Kelly's dad called me almost in tears: Kelly had run down the soccer field without falling down for the first time in her life.

Three year old AJ was bright, blond haired and blue eyed. He was called autistic. He spoke 2 words, flitted from activity to activity, screamed constantly, flipped the lights on and off constantly and was lost in his own world of sensory play. Eating was a big problem because of mouth and smell sensitivities. Using Chembalance to address his metabolic problems and a neurodevelopmental program to address his sensory issues (and stopping and redirecting all sensory play), two years later, AJ is reading over 450 words, is potty trained, speaks in 4 to 6 word phrases and is today a regular little guy who is now requires normal discipline for misbehavior.

## DIET

In all the above stories, the particular program to reduce the problems and accelerate academics was accompanied by diet changes: no sugar, artificial colors, flavorings and sweeteners. Whole, plain, unprocessed foods. A child can't function well on a junk food diet. Sometimes food sensitivities or allergies are a problem and must be explored. Sometimes candidiasis from repeated antibiotic use is a problem. Sometimes reactions to vaccinations were identified as the source of problems. Whatever the source, diet is an important part of helping a child improve their function.

## HOPE

The state of the art today, is to test a child to find out exactly how badly they do things so that they can be labeled. The effect of this label is to limit the opportunities that the child will be offered. With appropriate evaluation and remediation, learning problems can be overcome. We are all made in God's image. Some are not made less human than others. Christian parents must look for real answers to their children's problems and not settle for the world's labels medications and limitations.

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