A bedded hydrocephalic child, perhaps five years of age, lay on his back in the room’s farthest corner, the boy’s immensely oversized head propped heavily on two pillows. He stared at me through large dark brown eyes. I felt my anger rise. As if I needed more evidence, the sight of the child shredded my previous delusion of fairness. I gazed at the child, helpless not to. I simply couldn’t fathom what had happened that produced this end. To what purpose? I asked.

All these years later, I can still see the boy staring at me. I will not say to you that when his dynamic eyes and mine locked together, his did not implore. Despondent, I wished him goodbye and left impassioned and determined.

From the lab-course’s first days, we were taught precision and patience and the realization that a child’s smallest accomplishment could form the basis of prodigious growth.

We knew what we were expected to do: engineer solutions to help each child become more accomplished and confident every day. Furthermore, we were to hold ourselves accountable, that is, improving a child’s life was our responsibility. That realization left an indelible mark and we were to reject explanations that amounted to non-functional answers, where it was stated that a child’s lack of progress was due to a faulty brain or a genetic error, inferred dynamics over which we had no control. We were to be self-regulating. If a child failed to progress, we were to change our tactics. Inadequacy was never attributed to the child, always to our strategies. That platform demanded an emboldened.

After weeks of intense lecture and demonstration, we were assigned children and goals to reach. In time, children who couldn’t walk, walked, not necessarily three flights of steps, but enough to go independently beyond their cottage to enjoy what others took for granted. Many children who hadn’t talked, talked, enough to visit a grocery store where they could manipulate their world by saying, “I want orange; I want milk.” Children who would never read, read enough to find their name from the names of ten other cottage mates, enough to find their own labeled toothbrush, to look at picture books and discover with delight a recognizable word that transferred to a real object. Every child was a challenge, every child a puzzle to unravel, always the goal to help a child become stronger and more skilled.

It was impossible not to come away from the experience feeling empowered, with skills that provided a great sense of optimism, a confident perspective that most any difficulty a child presented, where time was not
a yoke, was to some degree remediable. That attitude accomplished what was intended. It produced problem-solvers, not problem-namers.

As it was, I had become too comfortable, with theory and practice fitted within their proper location. I had left myself open for a confounding lesson with all the impact of a door slammed on a misplaced hand. Unexpectedly, life changed, and everything I had learned, everything I had prized professionally, came under challenge.

A Special School, Denver, CO

Shortly after earning my PhD from Arizona State, good fortune followed me to the University of Denver where I co-directed the graduate school psychology and educational psychology programs. It was the early 1970s, a time when fundamental and far-reaching changes were about to take place in both special education and general education, the results then felt no less than today. With my department head’s approval, I accepted a psych-consultant position with a special school not far from the university’s campus. To my great joy, it was as if the desert laboratory had moved with me to Colorado.

The facility was a cooperative school used by many surrounding school districts that sent us their most challenging children, thereby avoiding expensive duplication of services across districts. It made good economic and programmatic sense since the cooperative school assembled under the leadership of a forward-thinking principal several extraordinary speech and language pathologists, a remarkable physical therapist, and a company of outstanding special education teachers who were trained specifically for the complex children they served.

Our children were multiply handicapped, a fair term in those days—deaf and/or blind, self-injurious, speech and language involved, and orthopedically impaired. We had kids diagnosed with cerebral palsy, Down syndrome, and spina bifida, kids with infuriating, intractable seizures, children with inoperable brain tumors, and children with unusual genetic anomalies, some with devastating effects—e.g., Sanfilippo syndrome—a metabolic disorder resulting in severe intellectual deficits and early death, the syndrome affecting several children from the same family, the youngsters and their parents always in my heart. We also served “idio-pathic” kids, children whose symptoms had no known etiology—an unnecessary prerequisite to begin with in most instances. To my recollection,