

Judy

a
woman's
path Jo Giese



Photograph by Jill Johnson - www.inszaphotography.com

JUDITH BLUESTONE, b. 1944,
neurodevelopmental specialist

Now a gutsy woman on a mission, Judy speaks quietly about her shaky beginnings. She was born with brain damage, and by healing herself she has learned how to help other brain-damaged people. Susie Hepner, past director of the Head Injury Re-Entry Center at Evergreen Hospital in Kirkland, Washington, says, "It's so hard to articulate what Judy does. I've had patients with brain injuries, and the families have been torn up, taking their kid to three or four rehab centers, and I say 'Okay, Judy, can you work with this person?' They have dramatic outcomes with her that they don't have with anyone else." After three decades of working with neurological impairment in both the United States and Israel, in 1994 Judy opened the doors to her own institute in downtown Seattle.*

* The HANDLE® Institute [Holistic Approach to Neuro-Development and Learning Efficiency]

There's a black-and-white etching on the wall opposite my desk. It's of an elderly man, his skull is open, and inside the skull there are all these little systems of gears interacting with one another. He has one of his hands—a strong, powerful hand—holding this skinny screwdriver, and he's going to make adjustments to those gears. An artist in Israel, who knew of my work, called one night and said, “I just finished this thing. I think I did it for you. Come get it.”

What I see in it—and I'd never hang it in our clinical area because it could be frightening to our clients—is that there are ways that we can get into our minds, brains, sensory areas. No matter how old we are, no matter how scarred we are, no matter how many deformities and problems we've had, we can get in and make little adjustments that will make us functional and keep us going. It's what we do here at the Institute. Of course, we don't peel back the skull.

What we do through noninvasive means, using absolutely no high-technological means—the highest technology we use in an evaluation session is a penlight—is study how a person's nervous system has developed. We do that by asking people to do things. They think we want to see *what* we've asked them to do, like drawing a circle on a blackboard. Basically we want to see *how* they're doing it. They body tells you so much when you know how to read it—the things it avoids doing, the things it seeks, the ways it moves. It gives you a mirror to what's going on in the brain.

I describe myself as a detective. At the clinic we have a few formal tests that give us some clues as to how the eyes are working, which gives clues to what parts of the inner ear are working and what's not. But by looking at how a patient uses the basic neurological subsystems—light, taste, odor, touch, sound, the sense of their body in space—I can figure out which parts of the person's brain are immature, what parts are damaged, what parts are there but not connecting properly with other parts. Then I *gently* reorganize the system. Neural rehabilitation.

I'm constantly told by other professionals that I “see” what others can't. I believe that's because I've personally struggled with being brain damaged. My path was one of person born with systems too damaged to process experiences as others do. Prior to my conception, during my whole gestation and early development, my dad, a research chemist, worked on substances which we now

recognize as mutagenic. He did a tremendous job getting food to millions of people—that's what he was about, pesticides, insecticides, and growth hormones. He was bringing them home on his clothing, storing vials of them in the basement, spraying our yard experimentally with different chemicals. He put food that was grown with them on our table.

Parts of my skull stopped growing prenatally and other parts continued to grow abnormally. By the time I was seven, I'd lost my hearing because of abnormal skull growth. My nose had “fallen” into my mouth, which made me look like I didn't have an upper lip. I slobbered and could barely chew until I was seventeen or eighteen.

The boundaries between my path and others were lined with barbed wire and huge “No Trespassing” signs. I know people were repulsed, frightened, threatened, nauseated. In junior high school I was told by the other girls that I could not sit at their table because they couldn't stand that I was drooling what was basically Gerber's junior food, and having to do some strange things to get it around and get it down. One girl said, “See that table in the back? That's where you sit, facing the wall.” I still cry now over that pain, whether it's for me, or a client of mine who has that experience. You can't force people to accept you.

In the neighborhood the word got out that parents with special-needs children could use me as their babysitter. I had an affinity with the severely brain injured, the castaways, the kids they couldn't leave with anyone else. We had fun. No problems. They understood me. I understood them.

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I speak of my painful past not to engender pity, and not to blame my dad, who's in his eighties now, but only because that past determined my life's work. In college, I thought about going into journalism, but realized, Nope, almost anybody could write that article, that story. It wasn't me. I needed to be in touch with what felt whole to me, and anything other than using my special abilities to work with people with neurological disorders felt splintered. I'd

already been doing this as a special needs babysitter, reaching the unreachable. I didn't know exactly where I was going, but I wanted to work with people suffering from learning and behavioral problems. I wanted to take their problems back to their most basic root—the brain and nervous system.

In grad school [Counseling and Behavioral Studies: Neurological Impairments] I was in an assessment class with other students and a couple of professors who had years of experience. A family came in with their three-year-old. The child looked psychotic. When someone talked to him, he'd look for them up in the ceiling. I was studying this thin, pale, blondish boy with big frightened eyes, and thinking, Come on, guys, he has severe figure/background problems. He can't see the person for the background. Ours was your typical evaluation room with puzzles, pictures, desks, and there was too much clutter for that little boy. As an experiment I suggested we take him into a room that was as plain as possible. It was a revelation. With no visual clutter he could see the car keys and pick them up.

The family home was an Early American Colonial with frilly patterns, floral wallpapers, curios. The child, who suffered from an immature visual system, could not pick out foreground from background, so the dresser spoke to him. He couldn't see his mother for the couch. I told the parents that if they wanted their son to see them, they should replace the wallpaper with a solid color. They should reupholster the couch in a plain fabric. This is not the advice you're supposed to be giving. You're supposed to recommend treatment with a speech-language pathologist, or you give medications to reduce hallucinogenic experiences. But he wasn't hallucinating. My professors, who had been doing this for so long, had missed the diagnosis and the prescription. I was in that assessment class to learn how to give standardized tests and come up with the recommendations those results yielded. It was a defining moment for me because it was proof that I had an ability to go beyond those "tests" and provide solutions that, to me, were obvious and logical.

The most important event in my metamorphosis was moving to Israel. I was a newly divorced, single mom, and the woman at the Jewish Resettlement Agency said, "Don't come. We're a nation of families, not single mothers, and there are no jobs for you." I told her I'd create a market for what I do.

I spent eleven years in Israel. In 1989 a program I designed received Israel's National Prize for Early Childhood Education. The award was for the early

diagnosis and treatment of an at-risk population in Givat Olga. This was the third generation of kids who were not learning, more than 50 percent were being retained in kindergarten, and then most were going directly into special education, without ever seeing a normal first-grade classroom. Most of the children had at least one parent or grandparent incarcerated or on the street selling drugs. Givat Olga was a horrendous little pocket of unsolvable problems. The state department of education had tried program after program, bringing in specialists, and nothing had worked. I looked around this community of about 400 young kids, and said, "Sure. This is do-able."

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hundreds and thousands
from dysfunction to function,
from despair to hope.***

We taught twenty preschool and kindergarten teachers how to integrate therapeutic activities into the school day. One teacher was unable to do circle time because the moment she'd start to show an object, a problem boy would turn, put his feet on the child in front of him, and lean back on the child behind him, which disturbed everybody. I came in before circle time and watched this little boy painting at an easel. He did two things: he started painting with his right hand and when there was something at the far left side of the page that he wanted to paint, he would switch his brush to his left hand; when he made a sun-type object, he didn't switch hands, but to make the other half that would have gone past his physical midline, he would move over to the left. His right hand never crossed beyond his nose, belly button. At circle time this child was sitting so his left side, left hand, and left leg were facing where the action was. When the teacher showed an object, he turned fully so he could take it in with his right side, the side he operated from.

I told the teacher to put him on the opposite side of the circle and she'd have no problems. She protested that my solution was too simple, but when she changed his seat, the problem ended. To help him cross his midline and take in information from a whole world, we introduced activities that the entire class could do. You know how teachers hand out something and say, "Take one and pass it to your neighbor"? We had her say, "This time everybody sit on your left hand, reach to your right to take the paper, look at it, and pass it [crossing their midline] to the person on your left." It's not a big deal. Just by

incorporating little bits daily into the curriculum, we got developmental things to occur. And the kids didn't know they were getting therapy.

We got kids going into first grade and succeeding. The following year the program was introduced in Benyamina. When the parents saw what was happening, they asked, "If I did some of those activities, would it help me?" Some parents got off the street and got the Israeli equivalent of their GED. We turned that neighborhood in Benyamina around at the end of the second year.

I've been accused by professionals of having a talent and an intuition like they've never seen. But that means that only I can do this work, that it can't be taught or replicated. That's why when I returned from Israel to finish my doctorate, instead of going into private practice, I opened the HANDLE Institute [Holistic Approach to Neuro-Development and Learning Efficiency]. My purpose is to figure out what it is that I do, to write it down, codify it, and teach it to my staff and interns. My mission is to move hundreds and thousands from dysfunction to function, from despair to hope.

We're a shoestring operation where most salaries are deferred. It's not easy. I've been doing a lot on plastic, saying to myself, If we don't ever make it to the point where I can pay me and I can pay this off, people have declared bankruptcy for much less important reasons. I'm doing this to be able to keep our doors open and serve this population. When I work eighty- to ninety-hour weeks, people tell me I'm a workaholic. I say, "No. I'm a passionaholic."

Our holistic, drug-free approach treats the problem at its root rather than month after month masking problems with drugs. We treat adults with bipolar disorder without lithium. We treat children with ADD—I call it Attention Priority Disorder—without Ritalin. We treat people with Tourette's without clonidine.

Recently, we saw a twelve-year-old boy who was severely autistic and had a vocabulary of about twenty words, all

made up of two-word phrases that he'd blurt out, like "Taco Bell!" "Video Ranger!" "Cap'n Crunch!" This boy wasn't yet dressing himself, was rarely feeding himself, had no eye contact or touch. His parents brought him in for an evaluation. He was of average height, very thin, ghost-like in appearance, frail, pale, cautious.

I moved him through exercises on the floor, taking his body through certain motions—tipping to one side, coming back, tipping to the other, slowly opening up pathways. Each time I thanked him for his cooperation and let him know that I knew this was difficult for him. I did a face-tapping exercise and explained that this would help with enunciation, getting words out, being understood. I told the parents to do these exercises with him twice a day.

The next day the father came to a seminar I was giving. He was crying, totally emotional, hugging all these complete strangers, saying, "I have to tell you what happened!" He said that his wife was doing exercises with their son—it wasn't thirty hours after they'd seen me—and when she tapped on his face, their son started to make strange grimaces. She was used to talking to him, asking questions, even though she'd never gotten an answer. She asked him, "Am I hurting you? Do you want me to stop?" He said, "No. Need to talk better." She nearly passed out, and finished the activity with tears in her eyes. Then the wife called her husband, and before she hung up, asked their son, as she had hundreds of times before, "Do you want to talk to your dad?" In the past he wouldn't have held the receiver, let alone gotten it close to his face. He took the receiver from her, held it correctly, and said into the phone, "I love you, Daddy. I love you, Daddy."

We do this for families every day.

For more information about Judith Bluestone's Holistic Approach to Neuro-Development and Learning Efficiency, please contact The HANDLE® Institute in Seattle, Washington, USA at +1 (206) 860-2665, or visit the web site at www.handle.org



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Jo Giese, author of *A WOMAN'S PATH*, hosts "Breaking the Mold" which is heard on "Marketplace," a production of Minnesota Public Radio. Her series received a prestigious Peabody and also a Gracie from the Foundation of American Women in Radio and Television. As a writer, one of her specialties is transforming personal and corporate biographies into well-crafted stories suitable for publication. She can be reached at jogiese@aol.com.

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