

PROGRESS

not perfection



*Building a Powerful
Marriage While Raising
Challenging Children*



MARGREY THOMPSON, P.T.
ROY THOMPSON, D.D.S.

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CHAPTER 1

OUR STORY



Once you start recognizing the truth of your story, finish the story. It happened but you're still here, you're still capable, powerful, you're not your circumstance. It happened and you made it through. You're still fully equipped with every single tool you need to fulfill your purpose.

—Steve Maraboli

MARGREY

Our credentials and educational accomplishments are areas that gave Roy and me the confidence to accept the challenge of raising our three special needs children. In medicine, you are first taught “normal” anatomy and body or behavioral development for this reason. As a clinician, you have to recognize or identify “normal” anatomy before you can identify “abnormal” anatomy. You need to recognize the standard physical development of a child as it reaches certain ages. You need to recognize certain behavioral habits that all children have if they are developing as expected.

If I look at a hundred x-rays of thigh bones, I learn that they look very similar. When I then look at an x-ray where a thigh bone is broken into pieces or displaced or even features an abnormal growth pattern, I realize there is a problem; a diagnosis needs to be made and treatment potentially recommended. Being able to negotiate physical and mental health

development in children using medical terms, as well as recognizing abnormal behavior, gave us more knowledge than most parents start out with. Our patience tended to increase when we realized what level the children were functioning at on an emotional, social, and behavioral level and what activities we should encourage to boost them to the next level in these areas of growth.

Roy graduated from Austin Peay State University in Clarksville, Tennessee, in 1975, having majored in pre-dental studies and chemistry. He graduated from the University of Tennessee's Health Science Center College of Dentistry in 1978. I graduated from the University of Tennessee's Health Science Center Department of Physical Therapy in 1976. While working my first professional job at Arlington State Developmental Center, I started my Master of Education degree at the University of Memphis, attending classes at night. A month before our wedding in 1978, I completed my degree in special education and vocational rehabilitation.

Our wedding story begins like everyone else's. It is likely similar to your own story. Roy was in dental school, and I was in physical therapy school in Memphis, Tennessee. One year into physical therapy school, the physical therapy students took a physiology class along with the dental students. Roy was always making class announcements, so I knew who he was when one of my classmates told me that "this guy" was asking questions about me. We dated, and soon I went away for internships, but we kept in contact. After my graduation, I returned to Memphis and started my first job as a physical therapist. Life was busy and fun. I had also started my master's program, attending classes at night, so Roy and I only had time for long evening phone conversations and an occasional Saturday night date or short visit on Sunday. Roy graduated from dental school in June, and I finished my master's degree in July. We were engaged and got married that August, in 1978. Roy decided to join a dental practice with an older dentist who was losing his eyesight, and we moved to Murfreesboro, Tennessee.

We'd married and moved to a strange new town, and after the honeymoon, Roy began practicing dentistry and I started looking for a job. Employment came easily since there weren't many physical therapists practicing at that time in Tennessee. I started working with the National Health Corporation, which was headquartered in Murfreesboro. Roy and I worked hard, long hours, yet since that was all we had done for many years

in school, it seemed quite normal to us. In a couple of years, Roy established his own private practice, and a year later, I started my own private practice in physical therapy. Being a physical therapist in private practice was another new concept in the early 1980s. Roy still maintains a full-time dental practice today. I practiced for twenty-two years and grew my practice to include a home health agency in central Tennessee, numerous outpatient rehabilitation locations, and cardiac and workplace rehabilitation. With over two hundred employees at the time, Roy and I sold the practice and related businesses as managed care began making its entrance to the health care arena. For eight more years, I managed a large geographic area for the new company that now owned my practice. I was busy with three young children, supporting Roy's practice, and being involved in community activities. There was too little time for our marriage or the children, so in 1998 I chose a new direction for my life and retired from practice. What a great career I've experienced! Unknowingly, I was entering a new dimension of life—full-time manager of the children, house, and commercial real estate that was retained when my businesses were sold.

Heather was born in 1988, and we adopted her when she was one day old. Our friend—a physician we went to school with in Memphis who was in a family practice specializing in obstetrics—knew that we were interested in adopting a child. One Friday morning he called letting us know a child he knew of may be placed for adoption. It was a surprise for us when Heather's birth mother made this decision. We had been disappointed before when birth mothers had changed their minds. We had nothing in the way of baby equipment or clothing, and I wouldn't let my employees or friends give us anything, because in the state of Tennessee, the birth mother has fifteen days to change her mind with no questions asked. As a soon-to-be mother, I was guarding against disappointment. Everything worked out fine, though, and Heather was home to stay.

When Heather was six years old, Molly joined our family. We wanted a second child, and we had begun to actively work with the adoption network again. We were in the final stages of completing an adoption in China when the Department of Children's Services called Roy's office attempting to verify information on our initial application. We had been on the waiting list with the Department of Children's Services in Tennessee for ten years. Roy asked what the reason was for this unusual phone call. The social worker indicated that there might be a baby available in the near future.

“Near” was an understatement! We met with the social worker the next day, and three days later we spent the afternoon with Molly and her foster parents. We took Molly and Heather to a hotel nearby, as was suggested to us by the social worker, and spent the afternoon together. The three of us fell in love with Molly by the time we returned her to her foster family that evening. The next morning, we met at the foster parents’ house with the social worker to sign paperwork, and Molly came home with us.

Everyone was excited! We live in an established neighborhood, and in close proximity to our house there are nine adopted children. Knowing we were bringing a child home, the neighbors’ children had waited and watched our house all day. As we were coming in the back door, they were ringing the front doorbell. The entire evening was spent with neighbors and their adopted children coming to our home. Family and friends arrived in the next few days. It was joyous! Molly is the youngest of our three children, but she was the second child we adopted.

Dylan is our middle child but the final one we adopted. He had just turned four years old when he joined our family. He came to us through our very first nanny, Kay. She worked for us until Heather started school. Kay had reared three biological sons as a single mother and was a professional at it. She came to visit us just a few months after we got Molly. She was concerned about her great-nephew, Dylan, and was seeking help. Dylan’s living conditions were less than desirable, and Kay had been taking him to her house to care for him. Since we loved Kay so much and wanted to help her, we sought out legal advice for this particular situation. Kay obtained temporary custody of Dylan, and we helped her care for him over the next few months as she attempted to work with her family members. Dylan’s birth father was incarcerated at the time. Kay visited with him and his parents, then talked with extended family, trying to find a safe environment for Dylan. As time went on and no good solutions emerged, Kay came to us and asked if we would consider adopting Dylan. It was an easy decision for us. Roy and I felt that Dylan would not have a chance in life unless we stepped up to the plate and took responsibility for him. Our family of four grew to five.

Our Children’s Special Needs Diagnoses

None of our children were identified as having special needs when we adopted them. Heather was always in trouble in her three-year-old class at preschool because she could not sit on her carpet square. Vanderbilt University Medical Center established her diagnosis of attention deficit hyperactivity disorder (ADHD), and when she entered school, we discovered her dyslexia. A lifetime of medications, followed by hours of special tutoring, marked Heather's life. Teaching her to read was such a challenge, and her learning disorder problems continue today. Although it was not an issue early in life, Heather deals with anxiety as an adult. She lives independently in North Carolina and maintains her life and a relationship with minimal assistance from either of us. She works full-time in the food industry.

Dylan arrived with a bucket of problems that we didn't anticipate. He had lived through much emotional trauma and neglect early in life. His abuse was basically emotional neglect but became physical over time. He had been left alone in an apartment for days at a time prior to the age of three. His psychologist diagnosed him early on with an attachment disorder—in other words, bonding with his parents had never happened. We innocently thought that with love and attention, Dylan would grow out of most of these issues. We also dealt with many food issues that were deeply rooted in Dylan's past. It has taken us twenty years of diligent work to teach him how to interpret and feel his emotions. We are seeing positive results from our years of work. Lying was one of his primary tactics for surviving in the world he grew up in. He was locked out of his mother's apartment during the day and left to wander the complex alone at an early age. His breakfast was at the local convenience store each morning. I still remember the day we were driving by that store and Dylan, at age eight or nine, turned to me and said, "The man that owns that store gave me my breakfast each day, didn't he?" My simple answer was, "Yes." As a mother, these stories from his past broke my heart. Dylan is bipolar and has ADHD, yet he is medically stable. After a stint in the Army, Dylan is now in college, studying wildlife sciences.

I thought it was cute when two-year-old Molly asked for a "shake milk" at the ice cream parlor instead of saying "milkshake." A year later, the preschool called and said they thought Molly might have ADHD. I knew how to get this medical evaluation, so we headed off to Vanderbilt University again. Molly received the ADHD diagnosis within two days, but

what surprised me was that Molly was also diagnosed with an expressive and receptive functional language deficit disorder. Later, she was diagnosed with central auditory processing disorder (CAPD). She hears perfectly well, but her brain often scrambles the message, so she often doesn't hear the same words that others hear. She may hear a word that rhymes with the word that was just said.

We were exposed to a whole new dictionary with Molly. You can take a guess at what she meant by “washer wipers” on the car, and our car had two “trunks”—she just didn't learn that the front “trunk” was the hood. If she said something that we didn't understand or couldn't figure out and we chuckled over it, she became infuriated, and she could fly into a rage at age three or four. I actually thought that Roy and I invented the word “meltdown,” because that is the only word to describe the frustration and tantrums Molly experienced so young in life.

Learning how to communicate with Molly, and teaching her how to communicate at school and with the world, was such a challenge for all of us. Ultimately, with a teacher's aide and some homebound instruction, Molly graduated with a regular high school diploma. Molly now lives in another state in a residential program for adults with learning disabilities. She lives and works with friends her own age and is extremely happy. Currently, we see no more meltdowns, but we still get new expressions. Recently, at Christmas, she said she was “second-thinking” herself when she meant “second-guessing.” At this point, she too sees the humor in her made-up words.

Our Secret Parenting Weapons

When you read this book, you will learn two concepts or skills that we know have been essential to our marital and parenting success. No one taught them to us; we never read about them anywhere. You may use them to some degree already, but with a special needs family or difficult children, we feel they are critical. You will see them mentioned throughout the book. We call these parental secrets *pregaming* and *debriefing*. We haven't seen them discussed in any parenting literature over the years. Additionally, we

have learned that honest and open communication between spouses is foundational to our success. Without communication, all is failure.



Pregaming is simply talking through how an event should go ahead of time.

Pregaming. A pregame warm-up is similar to the sportscaster telling you how the ballgame is probably going to turn out even before you watch it. After the game, you generally say, “Bob sure did call it right tonight.” Pregaming is simply talking through how an event should go ahead of time. It’s advance planning on steroids. We spend a whole chapter on this subject, because our children were so disorganized, we had to learn how to apply structure to every aspect of their lives. As health care providers and business owners, Roy and I are extremely organized in our thinking and professional training. It took us a while to realize that our children did not have the same skills we possessed. It has been documented that children with ADHD lack executive-level organizational skills.

Debriefing. Reviewing the day, what worked and didn’t, and how we could have done something better or different; discussing a physician visit; and sharing the details of the day are all debriefing. We did this every night in the privacy of our bedroom after the children went to sleep. We would share conversations the children had with us; review comments from physicians, teachers, and principals; and discuss behaviors that presented themselves during the day. We also reviewed our schedules, commitments, and possible future dilemmas. Problem-solving was included in this activity. It was also a safe time to share emotions with each other. Often, I was beating myself up emotionally about my parenting skills and I needed Roy’s support.

Some nights the talks were long, but most nights Roy and I would end the debriefing with some humor—comments like, “Did Dylan really think that we would believe that story he told about Ms. Elliott? Does he think we are stupid?” We often thought our situation was so pitiful that we had to laugh. God apparently thought we needed to be humbled more or needed to

stretch our brains and work harder. A critical part of the evening debrief is pregameing the next day. Trying to plan the day on the run at 7:00 a.m. never works in a busy family.

Communication

Throughout our professional training, continuing education, and work with outside professional consultants in our businesses, we realized that we have received a step up in knowing how to communicate. We don't underestimate this advantage in our lives, and this is one motivation for us to share our experiences with you. You are just as capable as we were of learning to communicate effectively. How many times have you been to a physician or dentist to discuss your health and had the conversation be so far above your head that you went home confused? Learning better communication skills helped us with patients and with our employees. Learning to ask questions was also critical.

There can be pitfalls with communication. Most people are not honest in their communications. They really don't want to say anything outright that will hurt an individual's feelings, but they lack the skills to communicate their own true feelings. For this reason, we make sarcastic and cutting comments to try and hint at our true meaning. These comments can feel like sticking a knife into someone and slowly giving it a quarter-turn. It hurts! As a physical therapist, I believe in being ruthlessly compassionate when I have to say something that might be painful. Employees give you a lot of experience with this technique.

We carry a lot of mental garbage around with us in an imaginary trash bag slung over our shoulders, stuffed with crumpled-up wads of paper for each time someone hurt our feelings and we never said anything to them. This bag stresses us out and weighs us down on a daily basis. You know these comments; you hear them daily. They start like this: "Last year on May 19, he told me . . ." or, "In the spring of 1982, she promised me . . ." or, "I'll never forget what he said to me . . ." You get the idea. We can be mean and cruel when we talk to the people we love the most. Please realize that your children hear your comments on a daily basis, and they will imitate your behavior.

Roy and I don't feel we could have been successful with our children without relying on each other and working together. Honest communication is a core principle between us. Our faith and our God have been active parts of this journey. Being committed to hard work has helped. For the most part, our children had a normal childhood, but it was dotted with psychologist appointments instead of Little League games. We have done the very best job that we feel we were capable of for our children, and now our goal is to continue helping them mature as adults. We are learning we will always be parents, no matter how long we live on this earth. No matter their age, children will always need our time and attention. Your family is unique, and you don't have to compare yourself to any other family you know. Believe in yourself! All of us are special and unique in God's eyes.

Our goal for our children was to let them thrive in a Christian home, prepare them to become good citizens and employees, and provide them a foundation for becoming excellent marriage partners. None of our children have married yet, but all three are Christians and are in college or working. Remember, it's progress, not perfection!

Although premarital counseling, debriefing, and honest communication are tools critical to our success, we also have five pillars that are the foundation of our marriage. The way trust, commitment, health, resilience, and optimism play out in your marriage can guide you and lead to success.

These are the choices we make:

- Choose Trust
- Choose Commitment
- Choose Health
- Choose Resilience
- Choose Optimism

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