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Meeting Learning Challenges: Working with the Child Who Has ADD

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by Stanley I. Greenspan

Working With the Child Who May Have ADD

I'm having difficulty working with a 5-year-old in my program. He doesn't seem to be able to focus on an activity, regardless of what it is, for any length of time. He'll start buzzing about the room and inevitably bump into something or someone, upsetting everyone and causing the children to lose their focus. I suspect he may have ADD. I know that his home situation is somewhat chaotic. Can this cause ADD? What can I do about his behavior in the classroom?

The terms ADD and ADHD (Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder) are applied to several symptoms, including: difficulty in paying attention, distractibility, having a hard time following through on things, and sometimes over-activity and impulsivity.

Causes Can Vary

It's tempting to think of this collection of symptoms as a syndrome with one underlying cause. However, our clinical observations of children suggest quite the opposite—that there are many different reasons children have these symptoms. For example, in some children, it's because they are overly sensitive to their environment, including the sights, sounds, smells, and other children's movements. If there are a lot of these distractions in a busy classroom, these children appear very inattentive.

Other children look inattentive for an entirely different reason. They are under-reactive to things like touch and sound. As a consequence, they tend to require more sensory involvement in order to remain attentive. These are children who retreat into themselves because the world is “underwhelming” to them. That is especially the case when the under-reactivity is coupled with what is termed “low muscle tone.” That is, the child finds it difficult to keep muscle tone up to a level where he can move easily. In fact, because of low muscle tone, he has a hard time simply standing, walking, or sitting. It's easier for such a child to elect to play by himself in a corner. If the child is very imaginative, he may be involved in pretend play all by himself—talking to himself, retreating from the world, and living in daydreams.

Yet another pattern we see is the case of a child who's physically very active and enjoys movement. In fact, he craves it. He is under-reactive too, but instead of retreating, he seeks out movement to satisfy his craving for sensation. Because he's under-reactive to touch, smell, or sound, he tries to find more of it in his world. So he is into everything. In fact, his sensory craving may be so great that he bounces into people. Craving commotion and loud noise, the child becomes a sort of one-man band, creating action wherever he

goes.

A different child may be more defiant, stubborn, and negative. She may be oversensitive to stimuli and try to control her world so she won't become overloaded. She is only trying to remain calm. Often, such a child is blessed with a strong visual-spatial capacity and is good at thinking of the "big picture," so she anticipates the overload and tries to prevent it. It's the stubbornness and negativism that actually interferes with doing the task the teacher expects everyone to do. Since she experiences classroom activities as overloading, she will avoid them and seek to do her own thing. Often such children are labeled ADHD early in life, but later become surprisingly successful. They find their interests in adolescence or adulthood, when they are more in control of their world.

Planning and Sequencing Problems

The four patterns that I've just described are often coupled with varying degrees of difficulty with planning or sequencing activities. For example, a child might have trouble following the teacher's instructions to "get in line, walk to the door, and go outside to the playground." Someone with planning and sequencing problems will look inattentive or distracted because she has trouble completing a plan of action. For example, when she is supposed to be drawing, she can lose sight of her goal if she sees another child with an interesting red crayon. The more severe the planning and sequencing problems, the more challenging the child's attention problems are likely to be.

Observe for Programming

Any of the causes I have discussed might explain distractibility and inattention. With young children, we have an opportunity to work on the underlying issues that lead to their inattentiveness. That's why it is imperative that we observe these children carefully and try to figure out what is behind the behavior. Observe carefully to determine the circumstances and situations in which the child is both inattentive and attentive.

If a child is attentive in a quiet one-on-one setting, but becomes very inattentive as soon as there is a lot of commotion, it suggests that she is oversensitive to sensations. Talk to the child and find out what kind of sounds she likes best. She may tell you she doesn't like loud or high-pitched noises.

As for the child who's craving sensation, you may see her constantly trying to create opportunities for more sensation. And if you watch this child whenever she is quiet or by herself, you'll find her seeking things to bounce up against and into. If you ask her what she likes best, she'll likely tell you she likes wrestling and roughhousing and other movement.

The child who has poor motor-planning and sequencing abilities will struggle each time you give her complex tasks that require performing a series of actions. If you ask this child what she does and doesn't like to do, she'll probably indicate she doesn't like to do anything that involves a sequence of steps.

Collaborate With Parents

The teacher and parent can compare notes to figure out what underlies a child's difficulty paying attention. Ultimately, they face the question: "What do we do about it?" There has been tremendous pressure in recent years to put younger and younger children on medication. Unfortunately, this pressure is often delivered without an adequate clinical evaluation. If a child's attention problems are severe enough to warrant considering medication, then they are severe enough to warrant a full clinical evaluation by trained professionals. Yet, even when that has been accomplished, I favor trying first to address each child's needs. For example, I would work on strengthening her processing capacities, if that is what is needed.

It is also very important to figure out how the child's current environment is either supporting her attention capacity, or further undermining it. A child who is hypersensitive to touch and sound and is part of a very chaotic household might find school to be overwhelming. We can help to make the school environment much more soothing and regulating so that she might focus a little better.

Remember, too, that some children may be on a medication—for allergies, for example—which could make them irritable and over-reactive. You always have to inquire about such things. Others may have problems with language, making it difficult to follow directions. That child may profit from speech and language therapy. The child who has motor-planning and sequencing problems may benefit from occupational therapy.

The key then is to figure out *why* the child is hyperactive, looking at all the possible sources of the behavior and all the ways in which the environment is either helping him or hindering him. The critical role of the teacher is to work with the parent to try to figure out the reason, and then to try and create a more favorable environment at school and at home. If the problem continues to be severe, seek a full clinical evaluation to investigate the matter.

The following books can help you learn more about working with children with ADD and ADHD:

The Challenging Child by Stanley I. Greenspan, M.D. with Jacqueline Salmon (Perseus, 1996; \$15)

The Child With Special Needs by Stanley I. Greenspan, M.D. and Serena Wieder, Ph.D. (Addison Wesley, 1998; \$28)

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