



## **PAY ATTENTION!**

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You've been around small children enough to know that preschoolers are *naturally* very active. Just as you think you've found the one activity to attract and hold their attention, they're off to a different activity. They have a need to explore the world, which is all new to them. They have a need to be noticed by caregivers so they will receive the amount of nurturing and stimulation necessary for their emerging awareness. They can certainly keep you busy and very tired, while their own energy seems boundless.

Children with an Attention Deficit have trouble holding or sustaining attention – more difficulty than the other children their age. Because of their inability to pay attention for longer periods of time, they may move from one activity to another very quickly or even seem to daydream much of the time.

A medical professional is necessary for full diagnosis of ADD, but you may spot children who have symptoms of an attention deficit. It is not an “intuitive” judgment, but a concern based on your knowledge of *normal* child development. It's not book learning so much as an experience-learned awareness of a child whose attention is different from “most” of the same-age children you have taught.

Teachers see the whole group of children every day, rather than just one child. They can see children struggling with the same situations which are easy for others. The teachers can talk to the parents or other professionals so children can get the help they need. Children will not “just out grow” an Attention Deficit. Can you do something to help them and their parents? If you do something while

they are so small, will it do more good than waiting until their grade-school teacher notices the problem? *Absolutely!*

Self-esteem grows through successes. You can help children with ADD continue to feel good about themselves and be more open to all types of learning because they “can do.” Now pull up your sleeves and grab a cup of coffee as you are given a more clear explanation of Attention Deficit Disorder (ADD), the effects it can have on children and their families, and what you can do to help.

The more that you know about ADD, the better you are able to help the children and their parents. It will be easier for you to plan for the children in the classroom. It will be easier for you to deal with the parents and to help them understand what you are seeing at school.

## **General Review of Attention Deficit Disorder**

If people have an attention deficit, they have trouble paying attention. Attention Deficit Disorder is a new phrase for a learning difficulty talked about since the 1930s. It has been called *minimal brain dysfunction*, *brain damage*, and *hyperactivity*. Doctors changed the name so it would tell us more about the problems these people have.

Knowledge of the world comes to us as messages through our eyes, ears, noses, touch sensors, and mouths. The brain receives the messages. For the messages to be sorted through and thought about, the brain must pay attention to them. A response could be in actions or words. The brain must pay attention to the way it is responding for one to be able to write or give an answer or stay in his seat. Each type of message, process, or answer requires many different parts of the brain. If some parts of the brain *can't* pay attention, some portions of the messages won't get in properly and won't process properly.

All children under the age of 6 are active and have short attention spans. The natural shortage of attentions is because of the chemicals in their brains. Neurotransmitters are chemicals in the brains of all people which help them to pay attention. They carry messages from one area of the brain to another. Preschool children naturally have a low supply of these message carriers until they are 5 or 6 years old. This makes it hard for them to pay attention. It explains why many preschoolers act before they think or are impulsive. The busy lives of small children give their brains many chances to learn through experience. The extra time adults spend with them gives the preschoolers the extra attention that their developing brains need.

Some children (and adults) are more inattentive than others because the level of the message carriers (neurotransmitters, especially dopamine) is not as high as in most other people. The brain is not being turned on and tuned in well enough to hold attention.

Children are not being stubborn, lazy, or willfully difficult when they can't pay attention. The brain chemicals which allow messages to be received, processed, and sent are not at the proper level. Some days they can pay attention better than other days because the messages get through better on some days than others. We often feel that they are being lazy or should just try harder because we see their attention to rules and learning shift from day to day. The children get confused, anxious, and frustrated because some days they can't do a task they could do yesterday. This is typical of people with attention deficits or other learning differences.

## **ADD and Learning Difficulties**

Because it is difficult for them to pay attention to some of the messages, process, or answers, the children with ADD may have trouble learning different kinds of things:

- Class rules, because their attention fades in and out
- Social skills, because they have trouble following conversations
- Organizing themselves, because they become overwhelmed
- Completing tasks, because of drifting or movement
- Spelling can be difficult because they may pay attention to whole words but get confused by the letters
- Reading may be troublesome because they cannot tell the difference between words or recognize the sounds, or maybe they can't concentrate on the message the words make or simply can't make their eyes follow smoothly from left to right
- Math can present problems because of inadequacy in recognizing the numerals, knowing their sequence, or understanding the idea of place value

It's hard to make friends if you have trouble listening to the words of other children or can't tell what the expressions on faces are suggesting. How can you follow directions if you can pay attention the first words said, but forget the rest? What if you can only remember the last words said? It's upsetting when you think of an answer after the others walk away. Organizing and problem-solving may be beyond you if you have an attention deficit.

## **Self-Esteem**

How do these children feel when they see others finding similar tasks so easy and a teacher or parent loses patience with their slowness or incorrect answers? People feel good about themselves if they successfully complete tasks and/or get positive feedback from other people. Those who are constantly faced with failure because they can't fully understand the world around them often feel angry, hurt, frustrated, and inadequate.

## **Behavior Problems**

If people don't like themselves and find that there are many things they can't do, they may want to grab someone else's work or hit someone because of their frustration. They may hit someone because the "control" messages move very slowly in their brains. Children may bite someone because they just can't think of the right words fast enough. Because words come slowly, they may sit quietly by themselves in a secure corner of the room. Their activity level could be higher than most children, making it difficult to sit in one place for more than a few minutes.

Children with ADD are just like other children: they have the same need for acceptance by the children and adults. Sometimes their lack of attention gets in the way. We have to get to know each child well and make plans that fit each child to help his/her self-esteem grow.

## **Diagnosis and Symptoms**

There is no blood test or written test that can prove a person has ADD. Diagnosis is based on careful behavioral observation in a variety of situations and exclusion of other possible conditions. Sometimes the symptoms may be due to an eye or ear problem, an electrical or thyroid problem, or even depression or anxiety. For example, the symptoms for cognitive epilepsy often emulate those of ADD; if symptoms such as hand-flapping, lip-licking, night terrors, sleepwalking, bed wetting, staring episodes, and/or milestone delays are present, a child may be having seizures with or without ADD, and careful medical scrutiny through administration of an EEG is necessary to rule out a seizure difficulty.

Professionals need to look carefully at all of the symptoms before making a diagnosis. Professionals with several different specialties (medical and psychological) will assure that all reasons for the inattention have been

considered. The “whole” child can best be helped through a multidisciplinary involvement (several types of professions) in the diagnosis and treatment.

*Parents or educators can't “diagnose” a child as having ADD.* They can help to present the symptoms they are seeing to the doctor, which can help the doctors tremendously. The doctors may only see the child for a short visit, while teachers spend entire days with the child. It's important for teachers to be sure to keep careful records and share them with the doctors—with the parents' permission.

Lists of the symptoms can help to narrow the process of observation and clarify what is being seen. They help in comparing the observations of various caregivers. They help to prove that the *situation* is not the reason for the child's inattention, impulsivity, or hyper/hypoactivity.

The table following lists ADD symptoms found in doctor's reference manuals. The doctors' reference manual also states that these symptoms should not be new. They can't be due to emotional changes; they must have been around for at least 6 months and have existed before the child was 7. They must not be due to mental or emotional difficulties. The symptoms must exist in several different situations to be sure that the problems aren't due to poor parenting or teaching practices. It is a diagnosis of exclusion—ruling out all of the other possibilities and thus leaving ADD as the only answer.

Careful notes help the observer to focus more completely on the *actual* behavior of the child and provide and an historical record of the child's progress or difficulties. In a conference with parents or other professionals, having actual observations to rigger to is much more helpful than vague recollections. The notes can help all involved to focus more clearly on what is happening by providing details and not confusing information.

The behavioral difficulties observed may be due to difficulties in seeing or hearing: if a child cannot see or hear well, he will not be as able to pay attention to group activities, close work, far work, directions, new lessons, and so forth. Medical or physical solutions to eye or ear problems can make an immediate difference in the amount of attention a child can give to an activity. Remember that a child with allergies may be hearing the way one does when under water. Be sure that all physical possibilities are checked into first. When problems with eyes/ears are taken care of and the difficult behaviors still continue, ADD can be considered as a possibility. (The first time a concern is presented to parents, it is also easier for them to hear “glasses” or “Earwax” as a possible reason for their child’s difficulties than a term like Attention Deficit Disorder.)

## **Symptoms of Attention Deficit Disorder**

### **1. Inattention**

- Often fails to finish things he or she starts
- Often doesn’t seem to listen
- Easily distracted
- Has difficulty concentrating on tasks that require sustained attention
- Has difficulty sticking to a play activity

### **2. Impulsivity may be present**

- Often acts before thinking
- Shifts excessively from one activity to another
- Has difficulty organizing work
- Needs a lot of supervision
- Frequently calls out in class
- Has difficulty waiting turns in games or group situations

### **3. Hyperactivity...**

- Runs about or climbs on things excessively
- Has difficulty sitting still or fidgets excessively

- Moves about excessively during sleep
- Has difficulty staying seated
- Is always “on the go” or acts as if “driven by a motor”

**...or Hypoactivity**

- Daydreamy
- Spacey
- Confused
- Slow moving
- Slow to respond to people

- 4. Onset before the age of 7**
- 5. Duration of at least 6 months**
- 6. Not due to schizophrenia, affective disorder, or several profound mental retardation**
- 7. Symptoms should be noticed in several situations**
- 8. Symptoms are often not present in a one-on-one situation**

**Other common symptoms of ADD:**

- Angry outbursts
- Being a loner
- Blaming others for problems
- Fighting quickly with others

## **Helping Children with ADD**

**Medication.** With the certainty that other medical conditions have been ruled out, the appropriate professionals can make a diagnosis and a medication can be considered. Medications for ADD are usually not administered until the child is near the age of 5 unless there are severe symptoms which, if untreated, are likely to impede development. Since ADD is due to a chemical (dopamine) inefficiency, medication must either increase the efficiency or the actual level of

dopamine in the brain. Stimulant medications such as Ritalin, Adderall, and Dexedrine increase the effectiveness of the dopamine; another stimulant, cyllert, actually increases the level of dopamine. Ritalin has been used safely since 1938 with few known continuing side effects.

Some children may require different medications if they have other medical conditions present, such as epilepsy or Tourette's Syndrome. Some children may not respond well to a stimulant and may be given an alternative medication. The list of possible medications is rather extensive, but stimulants are most commonly prescribed. If a child in the class is placed on medication, the teacher should contact the parents, physician, or library to learn about the qualities of the medications.

**Routine and regularity.** All young children thrive on routine and regularity. It helps them to make sense of and deal with their world if they know they can count on things being in their place. They need adults who make them feel safe and secure through clear, consistent limits. Children with ADD need even more adult assistance in supplying the control they often lack. Limits must be defined clearly; rules must be reviewed daily. Rules should be enforced clearly, swiftly but gently. Evaluate the classroom rules: Are they clear and consistent? Do they help children feel safe and secure? Do adults follow through clearly, firmly, but patiently?

**Careful planning of activities.** If a child with ADD pays attention for part of directions or instruction, she probably missed part of what was taught. Some of what we assume he learned never got into his brain to be processed in the first place. Part of the world is passing her by. Identification of different learning styles can help you to plan activities which bring them success and minimize frustration: (Auditory, Visual, Kinesthetic)

Observe the materials the child chooses to work with and those he stays away from. Note those she does well and those which cause frustration. These re the keys to learning style which can assist in planning for each child. Once the teacher has a sense of the child's most efficient learning style, she can ensure that the day includes successful learning and materials that are easier for the child to pay attention to. Introduce new concepts through the child's easiest mode. Plan review activities which help strengthen weaker modes.

**Involving the parents.** Having the parents come in to observe begins a process of communication and awareness for all the adults as they create plans to help the child. The teacher can get to know the parents better, and they in turn can feel more comfortable with the teacher. The parents know their child better than anyone and their knowledge and understanding of the child deserve the teacher's respect. The teacher should be able to show parents that she has made adjustments in daily plans to help their child attend to tasks. If there is improvement, this will help to ease their minds. If there has been no improvement, in spite of plans adjusted to meet the child's needs better, they will see that the teacher is making every effort to help the child.