

# Kids with AD/HD in Child Care? Yes!

Most child care providers feel they have cared for a child with an attention deficit at one time or another. They are the children you describe as easily distracted, especially active, impulsive, or even disruptive.

Years ago, specialists recognized a pattern of behavior common to these children. Over the years, various terms have been used to describe this disability—terms like hyperactive and attention deficit disorder. Although the term may change again, **Attention Deficit/Hyperactivity Disorder (AD/HD)** is the term most commonly used today. The label is not as important as understanding how and why this diagnosis is made and how you can create responsive environments for young children with AD/HD.

AD/HD is not simply a descriptive term—it is a diagnosis. It can only be made by a clinician—physician, pediatrician, or psychologist—who specializes in childhood disorders. A number of professionals may be involved in diagnosing AD/HD. A thorough medical and family history is required. Children are given physical examinations as well as medical, psychological, and educational tests. AD/HD is a developmental disorder with characteristic behaviors. Diagnosis of AD/HD is made only when:

- ✓ symptoms persist for at least six months and are inconsistent with expectations for the child's developmental level (*difficulty remaining seated* means different behavior for a six-year-old than for a two-year-old),
- ✓ symptoms are present before age 7 years
- ✓ symptoms are present in two or more settings (such as child care, social situations, home)
- ✓ there is clear evidence of significant impairment in social, academic, or occupational functioning
- ✓ symptoms are not better explained by another disorder

It is possible some children may display these behaviors in reaction to situations like a divorce or a family move; however, in these cases, the behavior is typically short-term and clearly related to the event. Here is what early childhood professionals can do to create a positive learning environment for a young child with AD/HD:

- ▶ Learn about AD/HD and about the child with AD/HD in your program. Question parents and professionals.
- ▶ Provide experiences appropriate for the child's interests and abilities—not too challenging or too easy. Children may enjoy and participate in particular activities; build upon their successes.
- ▶ Establish a steady and predictable routine. Plan transitions between activities; talk about change—even minor change, like visitors—before it happens.
- ▶ Be clear and calm about expectations. Be sure the child knows program rules; talk about expectations in a way that assumes the child will behave accordingly. Say firmly *it's time to go inside now* rather than threaten *if you don't come inside right now*. . .
- ▶ Give the child feedback about social interactions. Children may not accurately assess the impact of their behavior. Use short phrases to describe the feelings of other children/adults rather than saying *stop doing that!* Provide alternative options. You might say *you're making it hard for Ben and Jonna to play; I think that makes them sad*. Continue by suggesting an appropriate activity within Ben and Jonna's play or a separate activity.
- ▶ Provide choices. Find alternative activities that are responsive to the child's needs and rewarding for the child. A cozy space with earphones and story tapes may provide welcome relief for a child when group activities get too demanding. Large muscle equipment set up indoors may provide an alternative for a very active child.
- ▶ Encourage and nurture the child's self-esteem. Children with AD/HD frequently hear negative messages about their behavior and may seldom receive positive messages filled with warmth and encouragement. Make it a point to verbally and physically tell the child about the wonderful things he or she adds to your program!

## A Parent's Story

(Reprinted with permission from *Maybe You Know My Kid* (1990) by M.C. Fowler. Carol Publishing Group: New York, NY.)

Maybe you know my kid. He's the one who acts before he thinks. It's usually upon some rash impulse that scares the living daylights out of me, like seeing how fast he can ride a big wheel down a long, steep, curvy hill. He's the one who says the first thing that comes to his mind. It's usually with a loud voice in a quiet crowd, and it makes me wish I could evaporate into thin air.

And he cannot remember a simple request. So I long for a trained parrot that can tell him ten times in five minutes 365 days a year to go upstairs, brush your teeth, get dressed and make your bed. He's the kid who scrapes his knee and screams so loud and long that I worry the neighbors think I am beating him. Then, just when I'm about to call the doctor, he eyes a monarch butterfly and chases it through the trees until it disappears, just like his hysterics of seconds before. He's the kid in school with ants in his pants who could do the work if he really tried. Or so we have been told over and over.

Maybe you know my kid really well. Maybe he reminds you of your own child or someone else's. But maybe you didn't know that children like this aren't really pain in the neck kids with lousy mothers. They are the children with Attention-deficit Hyperactivity Disorder, commonly called AD/HD. Despite all that is known about AD/HD, many children go undiagnosed. Instead they are misunderstood. Some are even blamed for behaviors which are the very features of this disorder. AD/HD children act in a way that comes naturally to them. Thus, they are at the mercy of their disorder and its symptoms. Parents may suspect that all is not as it should be. But without knowledge and understanding of AD/HD they are puzzled and worried by what they see.

I am one of the lucky mothers. I now understand why my son behaves the way he does. I know what to expect from him and how to manage his AD/HD symptoms. I know when and where to go for help. I know now that the disturbing behaviors which appeared at various stages of his development were neither of his own doing nor my fault. If you are the parent of an AD/HD child, I want you to know this too.

## A Child Care Provider's Question

**QUESTION:** *I have a four-year-old with AD/HD in my child care program. He's a really bright, creative thinker but he often says things like "no one likes me," "I wish I would just disappear," and "I know I'm not going to be able to do that." Am I doing something wrong???*

**ANSWER:** It may not be that you are doing anything wrong. It may be that you are not doing the right things often enough. Does this little guy get frequent messages from caregivers that he is successful, effective, and competent?

Even though you may regularly have warm and positive interactions with the child, it is not uncommon for children with AD/HD to have low self-esteem. This comes from their getting many more negative than positive messages from their environment. Your job is to try to balance these negative reminders with more constructive messages—both verbal and physical—to help the child understand and believe in his own value and importance.

Look for times during your day when you can add some of these positive messages. Perhaps you can give him an important role like feeding a pet. Make sure 1) it is a job

the child can do, 2) that the job is important enough to be noticed, and 3) that his success is recognized.

Or try taking a moment or two at the end of the day to talk privately with the child about his day. Identify at least one terrific accomplishment that you and the child can proudly tell the child's parents. It may be an activity—he fed the fish or built a snow man—or an example of positively managing his own behavior—he held your hand on the neighborhood walk today. Follow through by telling the parents about this accomplishment (and showing them the happy fish or the snow man) when they come to pick him up.

