Earlychildhood NEWS

Understanding Children With Special Needs

By Angie Dorrell, M.A.

The term 'special needs' evokes many different emotions. For some, it is fear – fear of being different, fear of not responding appropriately, or fear that it could happen to them; guilt – they're glad it isn't them; and for others it is empathy and understanding. Because we know that the first eight years of a child's life provide the foundation for self-esteem and a child's view of the world, it is especially important that early childhood educators provide a safe and secure environment. During these early years a child can learn to be an eager, excited learner or he can learn to stand back, not be involved, not try, and not be noticed. While early childhood educators will not replace the specialists a child needs, having knowledge of common childhood special needs areas is important to serving these children in your programs. In this article, we'll review the definitions, causes, and treatments for and myths about ADHD, Early Onset Bi-Polar Disorder, and Sensory Integration Disorder.

Attention Deficit Disorder with Hyperactivity (ADHD)

ADHD is now the accepted name for what was also known as ADD or ADD/ADHD. ADHD in young children is developmentally inappropriate impulsivity, inattention, and hyperactivity. Everyone shows signs of typical ADHD behaviors at one time or another, but it is very important that a medical professional provide a child and her family with a firm diagnosis. There are many subtypes of ADHD, but in general these children

- fail to give close attention to details and make careless mistakes
- are inattentive and do not appear to listen
- struggle to follow instructions
- have difficulty with organization and often lose things
- avoid or dislike tasks requiring sustained mental effort
- fidget with their hands or feet or squirm in a chair
- have difficulty organizing a coherent plan of action to deal with a problem
- can't perform multiple tasks simultaneously
- have difficulty separating emotional and logical responses to a problem
- interrupt or intrude upon others and have difficulty waiting or taking turns.

Causes and Treatment of ADHD

The exact cause of ADHD continues to be unknown. Currently, most research suggests a neurobiological basis, a physical condition stemming from issues in the brain. Since ADHD runs in families, inheritance appears to be an important factor as well. Children diagnosed with ADHD require treatment by a medical professional. There are many different interventions that may be prescribed, including parent and teacher education, behavioral intervention strategies, counseling, and medication, when required.

Bi-Polar Disorder

Bi-Polar Disorder is also known as manic-depression and in children as Early-Onset Bi-Polar Disorder. It is a disorder of the brain marked by extreme changes in mood, energy, and behavior. Symptoms may be present in infancy or early childhood, or suddenly emerge in adolescence or adulthood. Children with Bi-Polar Disorder have rapid and severe cycling between moods, which tends to produces chronic irritability because the child never really feels good. It is not uncommon to have other disorders at the same time, including ADHD, Panic Disorder, or Conduct Disorder. Some of the most common symptoms of Bi-Polar Disorder are

- expansive or irritable moods
- depression
- rapidly changing moods lasting a few hours to a few days
- explosive, lengthy, and often destructive rages, usually out of proportion with the issue
- separation anxiety
- defiance of authority – the word "no" often causes a rage
- hyperactivity
- agitation
- sleeping too little or too much.

Causes and Treatment of Bi-Polar Disorder

This disorder tends to be highly genetic, but the exact cause is not yet known. Early intervention and treatment offer the best chance for children to achieve stability, gain the best possible level of wellness, and grow up to enjoy life and build upon their strengths. However, correct diagnosis remains challenging, because it is often accompanied by symptoms of other disorders.

Sensory Integration Disorder

Sensory Integration Disorder is also known as Dysfunction in Sensory Integration (DSI) or Sensory Integration Dysfunction. Children with an integration disorder have problems processing sensations, which cause difficulties in daily life. A brain functioning normally receives sensory information from the body and its surroundings, interprets the messages received, and organizes a response. For example, when walking across a room, the body senses where to go from side to side, how to balance, how to avoid obstacles, and how to move body parts, all without conscious effort. Children with Sensory Integration Disorder have difficulty detecting, controlling, discriminating, or integrating sensations correctly. This difficulty causes them to process sensations from the environment or from their bodies in an inaccurate way.

Sensory Integration Disorder shows itself differently, often in ways that appear to be opposite of each other, because there are many different types of the disorder. It is also very common for the symptoms to be very inconsistent – they may occur continuously or sporadically. Some of the symptoms include:

- being overly sensitive or overly responsive to sensation
- hyperactivity
- not feeling touch or pain or touching others too often or too hard
- engaging in unsafe behaviors such as climbing too high
- enjoying sounds that are too loud or being uncomfortable in loud, busy environments
- responding to touch with aggression or withdrawal
- being afraid of or becoming sick from movement and heights
- being unwilling to take risks or try new things
- clumsiness
- poor fine and gross motor skills
- difficulty imitating movements and
- trouble with balance and coordination.

Causes and Treatment of Sensory Integration Disorder

This disorder occurs when the brain inefficiently processes sensory messages from a person's body or environment. As more research is conducted, more techniques and therapies to assist children are created. Through these techniques, occupational therapists enable children to take part in the normal actions of childhood – playing with friends, enjoying school, eating, dressing, and sleeping.

Common Myths about ADHD, Bi-Polar Disorder, and Sensory Integration Disorder

ADHD

Myth #1: "The label ADHD is overused, it's just an excuse for parents who don't discipline their children."

Reality: Nothing could be farther from the truth! Most ADHD children respond well to the right kind of discipline and intervention, but until their brain can be helped to function properly, it is next to impossible for them to focus and respond.

Myth #2: "All children with ADHD are on Ritalin."

Reality: Medication should be considered carefully as an option for some children and followed closely by an appropriate medical professional. There are many different types and classes of medication available.

Myth #3: "Treatment isn't really necessary. Children outgrow ADHD."

Reality: Many symptoms continue into adulthood, though they may diminish as children reach puberty or young adulthood.

Myth #4: "Children with ADHD aren't very intelligent."

Reality: While some children do have below average intelligence, many ADHD children are actually average to above average in intelligence. Their difficulty attending and focusing often stands in their way of showing what they really know.

Bi-Polar Disorder

Myth #1: "The only reason the diagnosis is difficult is because parents are in denial."

Reality: While having a child with special needs is scary, most parents get past denial and are relieved when a diagnosis is rendered. Because of the intertwining with other disorders, Bi-Polar Disorder has been and continues to be difficult to diagnose. It can often take months or years before a firm diagnosis can be made.

Sensory Integration Disorder

Myth #1: "The child is just pretending to get out of eating a food he doesn't like or doing something he doesn't want to do."

Reality: This is not a dysfunction the child can control. As a child learns how to integrate his senses properly, he will be relieved – and probably delighted to try different foods.

Special Needs from a Parent's Perspective

Parents need early childhood educators to work with them as partners, to support their family, and most of all to love and care for their child, regardless of the disabilities involved. Some parents may be hesitant to share their child's diagnosis with the teacher. This may seem odd, but parents struggling to figure out how they can help their child and sometimes themselves, may be afraid of a teacher's judgment or the treatment their child will receive once a special need has been identified. Parents are also often afraid of being blamed, and usually have an unhealthy dose of guilt themselves, even after being reassured that the disability is not their fault. Some parents may feel relief to finally know what's going on with their child and have a name to put to it. Sometimes these feelings may appear inappropriate to the outsider observer, but no parent wishes a special need on his or her child. The relief comes from knowing what is wrong with their child and having an appropriate plan of action.

The Role of the Teacher

Sometimes busy teachers may feel put out at the special accommodations that a parent requests from them. However, these requests, within reason, serve the child and forge a bond between the staff and the family. As teachers, ask the parents of children with special needs for ideas and suggestions for the classroom. For example, a child that is overly sensitive to touch may need to bring a special blanket and pillow from home for rest time or a child with tasting issues may need to know the menu a week in advance and be allowed to bring a sack lunch on certain days. In addition, it can be very helpful to talk with an occupational therapist directly about activities that can be integrated into the regular curriculum that all children will enjoy. Be sure to always seek written approval from the parents and share the results of your conversation with the parents.

Parents also need honest and open communication from you. If you and a child's parents agree to have a certain behavior tracked or medication given at a specific time, it is essential that the tasks are completed. It is a constant challenge to determine if the medication/treatment is working, if there are side effects, or if certain behaviors are getting better or worse. Not cooperating or not following through with requests undermines the parent's efforts and only serves to hurt the child.

In this article, we've focused on children with a diagnosed special need, but what if you are concerned about a child? Every program should have a procedure for handling these concerns, which should include a set of resources for parents. Know ahead of time what your action will be in different settings and have a plan for situations involving parents who don't agree with your concern.

Angie Dorrell, M.A., is Director of Education for La Petite Academy, an early childhood education company with over 600 locations. She also serves as a NAEYC accreditation validator and former commissioner. She is the proud mother of two young daughters. "This article is for my eight-year-old daughter, who has learned to meet her special needs challenges appropriately and enthusiastically – I am very proud." She can be reached by email at aadorrell@lpacorp.com.