



# Caring for Children with *special needs*

## ATTENTION DEFICIT DISORDER

*It has been estimated that as many as 3.5 million children in the United States have a condition called Attention Deficit Disorder (ADD). According to E.M. Hallowell, a widely read expert in the field, attention deficit is a misnomer. He believes it should be attention inconsistency or attention variability because, in fact, people with ADD can pay attention extremely well at times. At times they can focus with great intensity. This is when they are highly motivated or captivated by a situation full of novelty.*

In everyday activities, however, children with ADD exhibit at least six characteristics on either of the two following lists:

### **List A:** A child with ADD often

- fails to give close attention to details or makes careless mistakes,
- has difficulty sustaining attention in tasks or play activities,
- does not seem to listen when spoken to directly,
- does not follow through on instructions and fails to finish a task,
- has difficulty organizing tasks and activities,
- avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort,
- loses things necessary for tasks or activities,
- is easily distracted by extraneous stimuli, or
- forgets things during daily activities.

### **List B:** A child with ADD often

- fidgets with hands or feet or squirms in seat,
- leaves seat in classroom or other situations,
- runs about or climbs excessively,
- has difficulty playing or engaging in leisure activities quietly.
- is “on the go” or acts as if “driven by a motor,”
- talks excessively,
- blurts out answers before questions have been completed,
- has difficulty awaiting turn, or
- interrupts or intrudes on others.

If you have a child in your care who has ADD, it's important to know your limits. Don't be afraid to ask for help from a child's family, therapists, special education teach-

ers, and other community resources. You are not an expert on ADD. You should be comfortable asking for help when you feel you need it.

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Ask the child for guidance, an obvious step almost always overlooked. Adults usually are so busy trying to figure out what is best for children with ADD, that they forget to ask them what they think will help.

Remember that children diagnosed with ADD need structure. They need their environment to structure externally what they are unable to structure internally on their own. They also need reminders, previews of what's going to happen, repetition of rules and routines, direction, and limits.

## Strategies for inclusion

- Seek out and underscore success as much as possible. Children with ADD often live with failure and need a lot of positive handling. This point cannot be overemphasized: children with ADD need and benefit from praise. They love encouragement.
- Praise positive behavior. Children with ADD benefit greatly from frequent feedback. It helps keep them on track, lets them know what is expected from them, and can be very encouraging.
- Post simple rules for children who can read. Write your rules on paper and place them in full view. Review rules often with children. They will be reassured by knowing what is expected of them.
- Set limits and boundaries. Make boundaries containing and soothing, not punitive. Set limits consistently, predictably, promptly, and plainly. Don't get into complicated discussions about fairness or other issues. These long discussions often are simply a diversion.
- Make things simple: your schedule, your directions, and choices you offer children.
- Make your routine as predictable as possible. Post your schedule, read it, and refer to it often. If you want to vary it, give lots of warning and preparation. Transitions and unannounced changes are difficult for children with ADD. Announce in advance what is going to happen, then give repeated reminders as the time approaches.
- When giving directions, announce what you are going to say first, then say it, and repeat what you have said. Simplify instructions. Simplify choices. Simplify scheduling. Some children with ADD learn more easily if they are taught using more than one sense: seeing, touching, and hearing.
- If you are teaching something new, break down large tasks into small tasks. This is one of the best teaching techniques for children with ADD. Large tasks can quickly overwhelm the child. By breaking the task down into manageable parts, so that each component appears small enough to be doable, the child can sidestep the emotion of being overwhelmed.
- Make expectations explicit. Be clear and direct about your expectations, don't assume a child with ADD can understand subtle messages, but don't assume they can't, either.
- Make frequent eye contact. You can "bring back" a child with ADD by using good eye contact. A glance or touch can retrieve a child from a daydream, give permission to ask a question, or provide silent reassurance.
- Pay attention to connectedness. Children with ADD need to feel engaged and connected. As long as they are involved, they will feel motivated and less likely to tune out.
- If certain children don't do well together, separate them into different groups. You might have to try many arrangements until you find the one that works best.
- If the child has trouble reading social cues—body language, tone of voice, timing, and the like—try discreetly to offer specific and explicit advice. For example, say, "Before you tell your story, ask to hear the other person's first."
- Explain to the rest of the group about any special treatment a child receives. This will normalize situations and avoid stigma, but do it in a tactful way. It is a common mistake to think that pretending there is no problem or trying to hide the special treatment will prevent other children from noticing it and making fun of the child. An honest, straightforward approach works best.
- Encourage physical exercise. One of the best treatments for children with ADD is exercise,

preferably vigorous exercise. Exercise helps work off excess energy, helps focus attention, and stimulates certain beneficial hormones and neurochemicals. You also may use exercise when the child is acting up or seems overstimulated. Ask him to go out and run around the gym a few times, not as a punishment, but as a means of refocusing and letting off excessive energy. Exercise bikes work well also.

- Always be on the lookout for sparkling moments. Children with ADD are far more talented and gifted than they often seem. They are full of creativity, play, spontaneity, and good cheer. They tend to be generous of spirit and glad to help out. They usually have a “special something” that enhances whatever setting they’re in.

Keep in mind that even when a child is diagnosed with ADD, the hyperactive behaviors must be dealt with, regardless of other treatment procedures. Hyperactivity in young children places them at a greater risk for accidents because they have less ability than their age mates to anticipate the consequences of their actions. Also, their behavior can aggravate adults who are with them for long periods of time.

Research has shown that even the most well-intentioned responses from adults, given when the overly active child is on the move, increases the child’s “flitting.” Studies show greater success when adults interacted with the child during those moments when the child was engaged in an activity. What seemed to help children keep focused on a task was when an adult made a relevant comment, watched with interest, asked questions (for example, “I wonder what would happen if we mixed blue paint and yellow paint?”) or offered a gentle challenge (“I bet you can fill that pail full of sand, all the way to the top.”) The key is always to offer the ideas and materials while the child is still engaged in the activity—before the child has lost interest.

## Resources for caregivers

For more information, contact the organization: Children and Adults with Attention Deficit Disorder, 499 Northwest 70 Avenue, Suite 101, Plantation, FL 33317.

## Technical references

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- Peterson, N.L. (1987). *Early Intervention for Handicapped and At-Risk Children*. Love Publishing Co., Denver, Colo.

## More information

This publication is part of a series, Caring for Children with Special Needs. You may find other fact sheets in this series with helpful information. For the most current update of these fact sheets, check the National Network for Child Care website at: <http://www.nncc.org>

- Caring for Children with Special Needs: Feeling Comfortable (overview)-NNCC-98-06
- Caring for Children with Special Needs: The Americans with Disabilities Act-NNCC-98-07
- Caring for Children with Special Needs: Allergies and Asthma-NNCC-98-08
- Caring for Children with Special Needs: Attention Deficit Disorder-NNCC-98-09
- Caring for Children with Special Needs: Challenging Behaviors-NNCC-98-10
- Caring for Children with Special Needs: Chronic Illnesses-NNCC-98-11
- Caring for Children with Special Needs: Developmental Delays-NNCC-98-12
- Caring for Children with Special Needs: Hearing Impairments-NNCC-98-13
- Caring for Children with Special Needs: HIV or AIDS-NNCC-98-14
- Caring for Children with Special Needs: Physical Differences and Impairments-NNCC-98-15
- Caring for Children with Special Needs: Seizure Disorders-NNCC-98-16
- Caring for Children with Special Needs: Speech and Language Problems-NNCC-98-17
- Caring for Children with Special Needs: Visual Impairments)-NNCC-98-18



Also see the National Network for Child Care web site:

**<http://www.nncc.org>**

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