

## APPENDIX F

### WHAT IF . . . IS SOMETHING WRONG WITH MY CHILD?\*

By Roslyn Ann Duffy

#### **Situation**

Carolyn says that her daughter, Caitlin, has two speeds: Fast and asleep! What she doesn't admit out loud, is her worry that Caitlin's fast speed might foreshadow 'hyper' speed, as in Attention Deficit 'Hyperactivity' Disorder (ADHD), something she's watched her own brother struggle with.

Joseph gets frustrated when 18-month-old Colin doesn't respond to being called by his name. Is Colin ignoring his dad, will he outgrow this behavior, or could it be something is wrong?

Bob and Juana can't get their son, Abraham, potty-trained. Abraham, age four, refuses to use the toilet, instead soiling his pants. His parents fear that something may be wrong with Abraham but instead of speaking their fears aloud, they blame each other for not being firm enough or accuse one another of being inconsistent.

#### **Solution: Secret Fears**

Stories like the ones above could go on and on. Parents worry that a child isn't walking or talking. They worry about how much or how little gets eaten and spend fortunes on educational toys. They also deny their concerns, get angry if others suggest possible problems, or reassure one another that 'it's just a phase.' What gets tricky is deciding when a common concern indicates an uncommon condition.

#### **ADHD and 'wait-and-see'**

Caitlin may turn out to simply be a child with a lot of energy. As she ages and enters elementary school she may retain that high energy and continue to need lots of large muscle and outdoor experiences. The truth is that lots of children show symptoms of ADHD-like behavior in their early years because the mechanisms that help control impulses (including movement control), or that support the ability to focus, are still under development in young brains.

On the other hand, children do, in fact, show early symptoms of later problems, among them ADHD. Difficulty with focusing, learning to control one's emotional responses (tantrums, aggression), or to moderate movement and adjust to changes are best responded to in these early years with consistency and skill building, along with a wait-and-see attitude. Since ADHD is usually not diagnosed until age six or older, this wait-and-see approach makes sense. But if a child's problems do not diminish with age, school and/or social skill issues increase, or if your child begins to feel that he is a 'bad kid' — then do seek help.

#### **Early intervention**

This wait-and-see approach is not appropriate for all concerns in the early years. Colin's lack of response to his name, if it is persistent and part of a pattern of no or minimal social connectedness, could

be a red flag for autism, even as early as one to one-and-a-half years of age. In fact, research has shown that this particular lack of response to one's name can be a powerful early autism indicator.

Another explanation for non-responsive behavior could be hearing-related. A child with ear infections may have intermittent hearing loss or eardrum damage from scarring. Hearing problems can lead to disruptive behavior, whether from missing out on directions or out of frustration with not being understood.

Hearing and speech problems often go together. Speech is hard to master if what is heard is intermittent or inaccurate. By the age of 24-months, two-thirds of what a child says should be understandable to strangers, and by 36-months it should be closer to 90 percent.

Other children will not compensate for a child they cannot understand (whereas a parent, and brothers or sisters will supply words and decode a child's mispronunciations). A child who is not understood has more trouble making friends, interacting in play, and is at risk of becoming aggressive (hitting, biting, pushing), or of becoming withdrawn (discouraged and giving up). With even a few weeks or months of therapy, language skills can improve dramatically.

Hearing and speech problems, as well as potential autism all need early intervention to enable a child to reach her full developmental potential. The earlier help is provided, in all of these different situations, the better the success of remediation — and the less chance that negative damage will result.

A good rule of thumb is: when in doubt— check it out.

### **Letting go**

Abraham's parents, worried about his toileting difficulties, may be the first ones who need to 'let go.' Anxious parents or teachers communicate their anxiety to children. A child, who is slow to develop a life skill such as toileting, could take even longer to succeed when feeling pressured to do so.

Since much of toileting is about control, a child who feels overpowered by adults may seek control by withholding his waste. Children will endure painful constipation rather than 'give in.' If your child, like Abraham, resists using the toilet and soils or wets his pants instead, the first approach is to look for ways to help him feel appropriate power in his life.

A good way to give children a sense of control over their lives is to offer limited choices. Offering a choice between orange juice or apple juice is an example of a limited choice. Offering him anything at all to drink and then proceeding to say "No" to requests for soda or milkshakes, results in frustration and sets up power struggles. On the other hand, a limited choice with its acceptable options helps him to feel empowered.

Having said all of that, a four year old who is soiling his pants (or a child of this age or older who is bed-wetting) most of the time, may need medical evaluation. There are both encopresis (the name for soiling) and enuresis (bed-wetting) specialists.

Something as simple as having a child blow bubbles with a small jar of bubble solution while sitting on the potty can help move things along (so to speak) as it is impossible to blow and squeeze at the same

time. Diet changes such as the addition of extra fiber and fluids, or medical intervention such as stool softeners can also be effective.

Although there are numerous options to help master bed-wetting, it is often something that a child will need to outgrow. Nonetheless, a medical evaluation will rule out other concerns.

### **Check it out**

Although early intervention is important, for most parents just how ‘early’ is ‘early enough’ underscores the critical bottom-line. A good early childhood program can help determine the developmental status of a child. Well-trained caregivers are alert to potential warning signs, as well as informed about the availability of local resources.

The bottom-line answer is that you are your child’s first and best advocate. If you’re concerned — get the information you need. Whether your child needs help or is simply developing at a different pace — you will know what to do.

*And remember:  
When in doubt — check it out.*

\*Excerpted from, *The Top Ten Preschool Parenting Problems*, Roslyn Ann Duffy, ‘Hard Topics’, page 305, Exchange Press, 2008.