

First Weeks of School Chance to Uncover Problem in Child

by Jimmy Unger

During the first few weeks of school, parents, teachers, pediatricians and other health care professionals are often faced with questions about the student-patient whose school performance or behavior isn't meeting expectations. A variety of circumstances often leaves either teachers or parents scratching their heads—frustrated, disappointed or even angry about a “difficult” or “problem” child.

The problem may appear in many forms; for example, poor grades, disruptive behavior, attentional difficulties, boredom, fighting, inability to sit still, losing or forgetting things, fidgeting and skipping school (or wanting to). The following are examples of the kinds of mental tasks expected of early elementary school students: abilities to sit still for extended periods of time, to initiate paying attention and sustaining attention, to remain focused on abstract ideas, to tune out minor distractions, to keep sight of where one is in relation to a final goal.

Behaviors that might be acceptable at home, on the playground or in the kindergarten class become unacceptable in a first grade classroom. Parents of most five-year-olds can tell us that at this age, these expectations are beyond their child's ability. Around age six or seven, however, a child gradually acquires these abilities. It is no accident that for most children, “serious learning” begins in the first grade or around age six.

The distinction between the “kid who is just being a kid” and the child with significant behavioral-attentional-learning problems is not always clear. As in many conditions, medical or nonmedical, there is a spectrum of children's abilities to behave, attend and learn, and when difficulties become a “problem” is sometimes a judgment call—and sometimes not.

Some clues that lead a parent, teacher, or pediatrician to suspect the child-student-patient may fall on the problem side of the line include:

- A steady trend toward worsening behavior
- A sense from parents and/or teachers of being overwhelmed with severity of problem
- Lowering of child's self-esteem
- Deterioration of child's social life, that is, behavioral difficulties of such intensity that peers are rejecting him or her
- Failure to progress in school work

A list of some of the more common medical conditions which can cause problems with attention, behavior or school performance include: ADHD, childhood depression or other psychiatric-emotional problems, learning disorders, severe vision or hearing problems and seizure disorders.

The pediatrician can—sometimes with the assistance of other health professionals—sort out the likely cause of attentional/behavioral problems and help outline treatment plans. In addition, input of both parents and teachers can be essential in obtaining a picture of the child's attention and behavior—a key element in arriving at the correct diagnosis.

Of the conditions listed above, the one surrounded by the most controversy—and the one which is most common—is ADHD. In short, ADHD is a chronic disorder of the central nervous system

(the brain) characterized by problems with attention and/or behavior. The behavioral problems are hyperactivity and impulsivity (a tendency to act without awareness of the consequences).

The child's treatment consists of modifying both parenting and teaching techniques to take into account the limitation of the child's attention span. Professional counseling that focuses, in part, on helping the child improve his or her internal controls can be very helpful.

For many ADHD children, the most immediately beneficial part of their ADHD treatment is the use of stimulant medications such as Dexedrine, Ritalin, Adderall or Corenta. These drugs seem to stimulate the part of the brain responsible for paying attention and inhibiting impulsive behavior.

The first six weeks of school are a time of change, adjustments, and evaluation. The feedback that teachers provide can raise red flags indicating the possibility of a medically treatable condition. Parents may be disillusioned to receive such feedback.

I, instead, would encourage parents not to shy away from the chance to identify the cause of these problems and, when appropriate, to participate in the evaluation and treatment of their child's difficulties.

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