

Developmental Information

Theorist: Erik Erikson

His Basic Notions

- Epigenesis-- human personality has a ground plan giving direction and pattern to human development
- Various forces in life converge to form crises
- Interaction of body, sense of self, and cultural setting
- Positive resolution of a crisis period produces a virtue
- Resolution involves a blending of the forces in tension
- Tensions always present but one comes to the fore at certain times

Erikson's Developmental Stages

STAGE/CRISIS	VIRTUE	AGE RANGE
Basic Trust vs. Mistrust	HOPE	0 to 1
Autonomy vs. Shame and Doubt	WILL	1 to 3
Initiative vs. Guilt	PURPOSE	3 to 6
Industry vs. Inferiority	COMPETENCE	6 to 12
Identity vs. Role Confusion	FIDELITY	12 to 18
Intimacy vs. Isolation	LOVE	young adult
Generativity vs. Stagnation	CARE	middle age
Integrity vs. Despair	WISDOM	old age

DEVELOPMENTAL, PARENTING AND TREATMENT ISSUES IN ADD CHILDREN

by
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INTRODUCTION

***"In approximately half of the cases, onset of the disorder is before age four."
DSM-IV (American Psychiatric Association)***

Human growth and development, with the requisite learning of skills and mastery of cognitive and psychosocial tasks, unfolds in endlessly fascinating, complex patterns. If the child is to develop a healthy personality, then he or she must learn how to test reality, regulate impulses, stabilize moods, integrate feelings and actions, focus attention, and plan.

When an attentional problem is present, with the hallmark symptoms of distractibility, hyperactivity/restlessness, and/or impulsivity, the child's ability to master some or many of these tasks will be more difficult. Complicating the situation is the fact that many children with attentional problems also have other learning problems.

The parental role has always encompassed difficult periods, when parents feel confused and worried about how well they are fulfilling their responsibilities. However, raising a child with Attention Deficit Disorder can be exceedingly frustrating, emotionally draining, and expensive. In many instances, the child's ADD-related problems cause ongoing problems in the parent-child relationship that can set the stage for an unhappy, guilt-ridden relationship between the child, parents (and siblings) that may persist, sometimes through life. The strain from raising these 'difficult kids' takes a toll on many marriages, especially when parents differ in their approach to the child.

Complicating the family situation is the fact that Attention Deficit Disorder is often genetically transmitted from one generation to the next. Thus, we often find an ADD child being raised by an ADD parent who was never diagnosed and who has a very limited understanding of why the child is having problems (which may, incidentally, mirror problems that the parent himself experienced as a child).

THE INFANT: DEVELOPING TRUST

During the first several months of life, the infant faces several critical developmental tasks, including learning how to regulate and calm him/herself and how to use the senses to learn about the world and the people in it. However, the most critical psychosocial task faced by the infant relates to the development of trust; the infant must learn that his/her needs will be reliably met by parents/caretakers. In developing trust, the infant also learns that he/she is dependent on parents/caretakers to meet all needs—for food, warmth, safety, comfort—for survival. The ability to organize sensations and to feel tranquil may pose problems for babies who are later diagnosed as having attentional deficits. These babies are often described as "hyper-excitabile", "colicky", "irritable", and/or "unsoothable" by their parents.

These infants are often very active, easily distracted, and over-reactive to stimuli. Their behavior might appear to be chaotic or unpredictable. They may also be extremely sensitive to sensations— visual, auditory or tactile. Parents' efforts to soothe these babies with words, songs, or stroking may be met with tensed muscles, arching back, and loud crying.

Not surprisingly, parents often respond to a 'difficult' baby with confusion and alarm. The inter-relationship between nurturing parent(s) and child is critical. When parents have a child with whom they cannot cope, they usually assume it is their "fault"— that they are failing as parents. These feelings of failure can set the stage for problematic, guilt-laden parent-child interactions that continue through life.

THE TODDLER: TOLERATING SEPARATION

The second psychosocial developmental stage faced by the young child is that of separation. The separation process occurs in gradual steps, occurring from about nine months to three and a half years. During this period, the child develops the ability to hold a mental image of the parent in his mind. He begins to explore and learn about his environment and tolerates longer periods of separateness from significant parenting figures. As the child accomplishes the task of separating, a strong sense of autonomy and confidence develops. The toddler is also beginning to connect feelings and behavior. He is learning to take the initiative to get his needs met. He is developing ideas and concepts, along with awareness that objects have functions (i.e. cups are to drink from, refrigerators hold food). Finally, the youngster is beginning to accept limits, which in turn helps him to learn what he can and cannot do. As a correlate, he needs to learn to tolerate frustration. Finally, he needs to learn how to recover from the stress of disappointments and adapt to changes in his environment.

These developmental tasks can present significant problems for children with attentional deficits. Typically, these youngsters have difficulty tolerating frustration and may be emotionally over-reactive. Parents describe them as "all-or-nothing" children who have difficulty calming themselves. They tend to "fall apart" easily, dissolving into tears of frustration when needs or wants are not met immediately.

THE PRE-SCHOOL CHILD: INDIVIDUATION, IDENTITY AND SELF-CONCEPT

"Who am I?" asks the pre-school youngster, as s/he experiments with wildly different roles and identities. This child tends to be unpredictable, volatile, and charmingly affectionate—while also learning to be disarmingly adept at manipulating the environment and the significant others within it! Children between the ages of three and six have a well-earned reputation for learning how to "divide and conquer" to get their wants and needs met.

Not surprisingly, pre-school youngsters often have great difficulty distinguishing between reality and fantasy. As they try on different identities (teacher, policeman, father, mother), their ability to think magically is an asset. Nothing is impossible when you are four or five!

As the child begins to develop a solid identity, his self-concept is also emerging. Each child's self-concept consists of images and beliefs about the self, including easily-verifiable facts ("I am a girl", "I have black hair") and less-verifiable but strongly-held beliefs and image about the self ("I am smart/dumb", "I am lovable/unlovable", "I am good/bad").

During the pre-school years, the common behavioral signs exhibited by many children with attentional deficits—high activity levels, poor persistence, interpersonal/peer group problems, and difficulty modulating behavior and impulses, with aggression, tantrums, silliness, bossiness, and impulsivity, are often beginning to create problems for the youngster. He may be fearful, confused, manipulative, or avoidant. Attention deficit and other learning disabilities are strong contributors to the emergence of over-anxious disorders of childhood, including school phobias.

Since a diagnosis of Attention Deficit is usually not made until after the child has entered school, the atypical ways that these children react and respond during the first years of life are perplexing and distressing to parents, teachers, and other family members. Confused parents often send strong disapproving messages to the child that he can behave and stay under control if he tries hard enough. Concerned family members often criticize both child (for being bad) and parents (for being ineffective), creating even more stress between parents and child.

THE ELEMENTARY SCHOOL CHILD: CONSOLIDATION STAGE

As the child shifts from pre-school to elementary school, he consolidates the gains made during the previous stages (i.e., basic trust, separation, and individuation). The major psychosocial tasks of childhood have been dealt with, freeing the latency-aged child to focus his energy on learning in school along with the development and refinement of interpersonal relationships.

The school, as the vehicle for teaching academics and social skills, now occupies a central role in the child's life. Vast amounts of factual data must be learned. The child must learn how to read, write, do arithmetic, be a good friend, and be a good student.

The elementary aged youngster's tasks include learning how to relate appropriately to adults (aside from parents) and children (who are not siblings).

After entering the educational system, the child with attentional deficits will often begin to struggle. The child may lag behind his peers, academically and socially. Often, ADD youngsters have "social deficits" in that they have difficulty accurately interpreting and processing social information and cues. This "social deficit disorder," coupled with impulsivity, may lead to the development of socially unacceptable behaviors.

Paradoxically, many children and adults with Attention Deficit Disorder are also exquisitely sensitive to feedback from others. As the child becomes aware of his differences from others, is shunned or teased by peers, is criticized by teachers for being unable to remain in control, the child begins to develop a negative self image, low self-esteem, depression and anger. What significant others (parents, teachers) tell the child about himself has a powerful impact on his developing self-concept. The child begins to view himself as he is viewed by others. Told repeatedly that he "could do better if he would only try", he begins to feel that "I am worthless because I cannot always control my behavior." Sadly, these negative feelings about the self often persist through life.

HOW TO HELP

Attention Deficit Disorder is a neurobehavioral disorder that causes multiple problems for children. Typically, the child with ADD will experience difficulties in several areas of life, including learning, peer relationships, self-esteem, mood, behavior, and family relationships.

Medication helps to relieve many symptoms of distractibility and hyperactivity in about 75% of children. Most children are treated with psychostimulant medications (Ritalin, Cylert, Dexedrine). Others respond to a carefully titrated blend of antidepressant medication (the most commonly prescribed is imipramine) and/or psychostimulants. There are other medications which are used less frequently but also with good effect.

Therapy or counseling can also be useful in helping both child and family deal with ADD-related problems. If therapy is indicated, it is important to select a professional who is knowledgeable about ADD and its impact on both child and family. Depending on the child's problems, therapy may include a variety of interventions, including social skills training, compliance training with parents, psychosocial education of parents and child, anger management training, cognitive therapy to improve self-esteem and mood, and family therapy with parents and siblings.

Finally, living with an ADD child can offer special charms and delights. These children can be very perceptive and sensitive to the plight of others. They are intensely curious, creative and inventive. Many are very affectionate. Most of their 'problems' arise from the fact that they process emotional and intellectual information somewhat differently from 'normal' children. Our culture places great value on conformity, especially in the training and education of children. If the child with ADD is raised and educated with an appreciation of his or her uniqueness and strengths, then that child can grow up into a healthy, productive adult.

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AS THEY GROW: STAGES IN YOUR CHILD'S LIFE

By Pamela Campbell, M.D.

Every parent has worries that their child's behavior is not normal. One way to feel secure about your own child is to know some examples of typical behavior for each stage in their life. We at Children's National Medical Center wish to help parents feel comfortable with their child's behavior and developmental growth. We have compiled a brief list based on typical behavior in children ages 0 to 13 years.

The type of touch newborn babies receive helps shape their behavior. An infant's smiles and cooing will last three times longer when they are stroked and massaged rather than tickled or poked.

By age 1, children become strategic thinkers. They start to apply past experience to other situations when they're 10 months old, and do it more efficiently by their first birthday. Children begin to confront conflict at ages 2 to 4. Parental intervention in some sibling battles can help kids solve the conflicts with words instead of their fists. If parents reason with their kids by helping them see each other's point of view, and suggest ways to compromise, they should be able to solve their disagreement in a constructive, positive manner.

Boys and girls start to learn from each other's behavior around ages 4 to 6. Boys become even more impulsive and aggressive if they play with other boys, but tend to be more controlled when they play with girls. Other children can play a powerful role in either tempering or reinforcing problem behavior.

Children may become more shy and withdrawn at ages 7 to 10. Most shy kids have normal social skills, but prefer to spend time by themselves, and play with objects instead of people. Only one-third of withdrawn children have social problems.

By ages 11 to 13, children explore independence by challenging authority and, as a result, may have to suffer the consequences based on their new-found maturity. Kids whose parents express their disappointment rather than merely punishing them when they misbehave tend to be less confrontational and more empathetic.

It is important to note that this is a sample of behavioral patterns and by no means comprehensive. As your child reaches these developmental stages, try to recognize these types of behavior and be reassured that your child is not the only one going through these periods of cognitive, social and emotional growth.

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*the physical need of well being

*the need to feel safe, secure and stable

*the need to feel like they belong and are loved

*the need for recognition for achievement (and learning they are capable of doing things without help)

*the need to realize they can develop as they are, rather than being pressed into something contrary to their abilities and potential.