

## Web-Based Radio Show

### **A Comprehensive Approach to ADHD *Understanding Family Dynamics***


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March 26, 2008

Good morning. Welcome to our web-based radio show. Thank you for joining us today. Today we are going to continue our series on both ADHD and regulatory sensory processing challenges or disorders. The reason why I am combining both today is that we are going to focus on family dynamics and some common parental or caregiver responses to children who have ADHD, ADD, or regulatory sensory processing disorders, which are often involved, as I have suggested, in ADD and ADHD. I wanted to review some of the more common challenges to families, and especially to caregivers and parents, and suggest some ways of coping with what appears at times to be behavior or responses that someone you love has – namely, your child – that you can't understand or you react to, and you react to it very, very viscerally.

I think we can look at this in a way that is similar to the way we look at children; looking at the different ways in which, or even levels at which you might respond. As we discussed before, when we get uncertain, or when we get anxious, or when we have strong emotions like anger or embarrassment because in a supermarket our child has pulled things off shelves or run around and people look at us as though we are not a very good mommy or not a very good daddy or not a very good grandmother or not a very good nanny or babysitter, and we have a visceral reaction to that. We may feel strong humiliation or strong embarrassment or guilty or very angry at the child who is embarrassing us. So strong emotions, especially anger or embarrassment or humiliation, as opposed to pride, glory, and pleasure as well as anxiety or uncertainty will lead to certain common reactions.

The biggest one is to do something that we have learned over time is counterproductive – that is to throw more fuel on the fire. We have a child who is disregulated, is out of control, running around, over excited perhaps because they are sensory over reactive. Therefore, they are evidencing ADHD kind of




behaviors because they are overwhelmed by their sensory environment. Or we have a child who is sensory craving and is running around and touching and grabbing everything because there are so many tempting tidbits in the supermarket or in the restaurant or in the toy store or at the playground. Or they may be pushing other children to get in line first to go up the slide. Whatever the behavior of the child, there may be a reason why the child is a little bit “out of control.” It doesn’t mean the child couldn’t learn to control that behavior. We may feel deeply guilty and think, why haven’t we taught him? Other people will certainly give us that look, even though we have tried valiantly to try to teach the child to have control, but because of their biological makeup, it has been very, very hard to do, despite our best efforts.

Or there may be family tensions and family disagreements between mommies and daddies – one wants to take a hard line approach and be more punitive, and the other wants to take a softer approach and be more understanding – not unlike what we see in arguments among our government’s policies towards the international community when people don’t do what we want them to do or other nations don’t do what we want them to do.

Regardless of the source of the confusion and the intensification of it with family dynamics that may not lend itself to a comprehensive supportive approach with all of the adults working off the same page, we are left with a lot of anxiety and a lot of uncertainty, and the throwing fuel on the fire response is where we put our feelings directly into action: We are angry, so we yell and scream at the child and the child is already overloaded. The child is already out of control so the child is like the fire and by getting angry back at that moment, we throw fuel on it.

This doesn’t mean we shouldn’t be setting limits; we shouldn’t be letting the child know that there are consequences when they push another child, or when they go out of control in the supermarket – we certainly should be – but the first step is always to calm the child down, and to help the child become re-regulated again. To do this, we may need to help the child slowly remove him or herself from the place that is leading to the dysregulation or over activity or aggression or disorganization or distractibility on the child’s part. So it may mean walking out of the supermarket calmly, going into the car together where it is a calmer environment, it may mean at home engaging in activities that are soothing. That may mean rhythmic activity with music or some deep pressure applied to the back or the arms or the tummy – a little firm touching, it may mean a distracting activity or game where you can begin modulating behavior going




from the fast to the medium to the slow to the super slow. You get back into a pattern of regulation.

Once you get back into a pattern of being regulated again and everything is calm, then you can talk to the child, if it is a verbal child, about what happened. If it is a nonverbal child because of special needs conditions or a nonverbal child with autism, you may have to be intuitive with about what happened, or you may have to give choices and the child can help you identify which one or use pictures.

We try to figure out together with the child what happened, and then if the child has crossed the line – hit or pushed – not just yelled out loud or screamed, you want to let the child know there are consequences. So there may be a time out with missing a favorite activity or interrupting a favorite activity so the child learns to expect that they have to work very, very hard at setting limits when they are feeling over stimulated or if they get disregulated, they can tug at your arm to indicate they need to leave the scene of the action so they become partially responsible. But this may take many months or even years to accomplish, but it is an important and worthwhile goal.

So one response is putting feelings directly into action without a lot of thought and we'll call that "throwing fuel on the fire" because it often leads to countering the child's anger with anger of your own or with impulsive action of your own which just matches the child's impulsive reaction. The principle here is to provide a counter balancing reaction, one that helps the child reorganize and re-regulate it or get back into focus and attention.


A second common reaction that we all have as parents and I have three children of my own so I can testify from experience – they are all grown up now – another common reaction is to get locked into polarized thinking. It is very close to the "throwing fuel on the fire" but here we go to extreme feelings. We blame the child and label the child in our mind – if not consciously or verbally if we don't think it is appropriate to say this out loud, we think "Susie or Johnnie is bad and they are being bad and they are being bad deliberately" and we get locked into that. That narrows the compassion or the understanding we can show them or the search for complex causes such as sensory over reactivity or sensory under reactivity or sensory craving or not understanding the words we are conveying or getting lost in a busy confusing environment because there is just too much happening that the child can see so the child is being over stimulated and disorganized by all that they see.



So not infrequently we see children with these challenges have much harder time in a very busy environment, so at home they are little angels, but when they come to preschool they are hellions on wheels and we have lots of difficulties. So another reaction is to polarize it – they are all bad. Or, excuse it entirely and give them no responsibility. “They are wonderful and this is just the way they are and I have to love them as is. There is no middle ground so I can’t help them learn to regulate their behavior more.”


A third common reaction that is very closely linked to the polarized response is to become involved in some illogical thinking of our own where we make up reasons for the child’s behavior; create a theory – one that doesn’t necessarily match our child. We may have seen something on TV about something in the water or something in the food chain. Now, it may affect some kids, but we may have no evidence that it is affecting our children. We will just attribute the child’s behavior to some arbitrary factor that has come up at the moment that seems prominent in our minds because we read about something that day or saw something on TV that day that you know may be a factor for many other children, and get locked into it. We are so anxious and so eager to search for a remedy that we become fixed on a single explanation rather than looking at the complexity of factors. So rather than trying to help the child learn to set limits or learn to focus better or learn to calm down or looking at family dynamics or looking at the way the child’s sensory system is working, we may become over focused on, we’ll call it “Factor A or Factor B.” We may attribute it to a TV show the child watched – not that that TV show was good or helpful to the child; it may be a cartoon with aggressive content – but it may not explain the child’s behavior. It still may be best not to have it aired on the air or have children exposed to it because there are much better messages in cartoons that could be given to children, but nonetheless it may have little to do with the child’s behavior of today.

Another common response in addition to the illogical thinking or the polarized thinking or the action oriented throwing fuel on the fire kind of thinking, is to not focus on the child, but instead because one is so overwhelmed, focus on another culprit in the family. Who do we think the child takes after? Is it daddy? Or if it’s daddy, is it mommy? It’s called blaming the other adult in the family. So it is very easy for the adults in the family to blame one another. Then we have family tension and family conflict – sometimes a lot of arguing, sometimes outright fighting – a lot of children with either special needs or developmental challenges or severe cases of regulatory sensory processing disorders or special



needs conditions, it leads to so many conflicts in the family that parents have a hard time hanging in there together and working out their problems. You'll frequently hear one spouse say that the other spouse is so preoccupied with the child that they aren't nurturing or taking care of my needs or sometimes that never gets expressed but it is underlying tension and leads to more accusations and criticisms of one another. So daddies have confided in me that they feel unnurtured and unloved, but they never share this with the mommy but instead criticize mommy for not "being a good enough mommy" for little Judy or little Harold. This is unfortunate because often mommy is trying valiantly and is an extraordinary mommy. Mommy will then confide in me that she feels unappreciated and criticized and that only adds to her burden – and vice versa. Where daddy feels like the bad daddy, he's never doing enough, if only he was earning more money or if only he was home more with the children or if only he played better and he is feeling micromanaged and criticized, and mommy will confide in me that she is feeling unnurtured and unloved and that there is very little intimacy between the two of them. She doesn't deal with that directly but takes it out by criticizing daddy.


We can have these same conflicts between two generations – grandparents and parents. Often parents feel that their relatives look at them like, "Oh, you are just bad parents" or a single mom may feel that way or a single dad may feel that way. Or that the friends or the relatives around the block don't understand the complexity of the problem. When the family dynamics lead to tensions and conflicts, fighting, or different types of "acting out" on the part of the family members, we often see the atmosphere at home contribute further to the child's difficulties – whatever form it takes. Whether it takes aggression, distractibility, or withdrawal and self absorption, or just inattentiveness, the child's problems will just become worse and worse and worse, and it becomes more difficult to implement the type of comprehensive program we have been describing in the prior shows. This kind of comprehensive program requires the family working together; working off the same page with a concerted approach. They can each have their different subtleties and nuances and daddy can be more of an outdoor person and work on certain exercises and mom can work on others, or grandma and grandpa can work on still others, or friends who are helping or relatives who are nearby can help. But everybody needs to be working together as part of a team, not as part of a disgruntled group that are criticizing one another or causing more tensions or are withdrawing from one another.



So we have a big challenge here because it is very easy for the child's challenges to precipitate challenges in the caregivers which then further cycles back and contributes to even more intense challenges and the child may get a vicious cycle going where it gets more and more difficult or worse and worse and worse. Therefore, the family approach has to approach the family at all levels – at the caregiver/child level, the family dynamic level, and even bringing in the extended family into the pattern when appropriate and when relevant. Sometimes the problem is that there is no extended family to lend support and the family feels isolated and without any support.

The goal of the family or the caregivers is to be able to implement the comprehensive program we have been describing. Remember, that includes helping the child become a reflective thinker so eventually the child can become the master of their own bodies and their own action tendencies and their own response tendencies and their own patterns and idiosyncrasies.

Before getting into some steps the families can take and parents can take and caregivers can take, let me comment that the same dynamics I have described for families also confront educators. A teacher is very likely to feel like a caregiver or a parent. Other teachers can come into the room and say, "What's the matter? Why can't you keep your class under control?" If there are two or three children with ADHD or ADD type patterns in the class or regulatory sensory processing challenges in the class it can very easily appear to others that this is a teacher who is not organizing her class, and get a look or a comment from another teacher or the principal like "You need to be tougher, you need to be more organized and more structured." Or, "You need to be more understanding or more compassionate or you just aren't a good teacher." The teacher can feel all the things that a parent feels and undergoes the same dynamics. What we are talking about for parents here also relates very strongly to teachers as well and we have to help teachers also do a very, very good job for these children which begins with the first step that we recommend for the family. The first step is to really take a step back, take a deep breath, count to ten, and try to identify together the patterns we have been describing that can contribute to the child's regulatory sensory processing challenges, or ADD, or ADHD-type patterns. What is this child like physically? Let's go over the history together. Is it not understanding words or things that are seen or is it getting disorganized by things that are heard or seen. Is it being over sensitive to certain stimuli or under reactive or craving certain stimuli? What are the contributing factors? Yes, there may be biological factors contributing to these, but not all are changeable in the




short run, at least, and some not in the long run. So it requires a pattern of helping the child overcome these challenges that are physical in nature, or learning to cope with them more effectively. That can be a very, very gradual process.

So the first step is not jumping into the fire, throwing fuel on the fire, or getting polarized, or accusing the child of being the bad apple or accusing one another or getting into family tensions, but taking a step back and trying to identify what is the child's pattern. The second step is together with support, always remembering the principle of always bringing out the best in the other, developing often with the assistance of a professional and sometimes without the assistance of a professional if none are available or if the family feels they can deal with this just from what they have read and what they understand, figuring out the comprehensive approach that is going to be undertaken that was suggested in the prior series that we have been talking about in this show. What is going to be our comprehensive strategy? Here it is very important to not look for simple solutions to complex problems. Complex problems often have complex solutions. The strep throat analogy of putting a child on an antibiotic for a strep throat and that is what we have to do, doesn't work for most complex problems and it doesn't even work for strep throat that often, particularly when there are contributing factors like if a child is getting repeated sore throats or middle ear infections. Often there are dietary and environmental contributors to that that need to be tended to in order to reduce the child's vulnerability and increase the child's resistance and ability to fight the causes of the middle ear infections or the sore throats. So even in the simple example, they are not so simple. Complex behaviors require complex solutions and a comprehensive approach at all the levels we are suggesting.

So it is very easy for families to look quickly to medication – a pill – that will solve the problem. And it is not that it shouldn't be considered as part of a comprehensive program, but it should never be considered alone or the first thing you try.

You should always begin your comprehensive program and you see how the child is doing, and then decide whether medication can or should play a role in it and add it in later. I find that as a general rule, the less you are asking medication to do, the more likely it will be helpful if it is needed later on. Often, these challenges can be handled “without a pill” by strengthening all the child's processing abilities and their ways of coping with their tendencies to deal with different kinds of stimuli in the environment around them.




The third step is to make sure – and save time for this – for the caregivers to work together as a team. That means having regular Floortime or hangout time with each other each evening to not just discuss the child but also to nurture one another because unnurtured caregivers have a hard time being reflective thinkers and taking the big picture approach and children tend to get locked into the patterns we have been describing above. So parents need nurturing time as well as problem solving time with one another each and every day, often after the children are asleep. Then they need at least one evening or one daytime time where they get off by themselves to keep that nurturing relationship kindled between them, if there is more than one caregiver in the family. If it is a husband and wife, all the better. But even if it is a grandma and her daughter, they need to get off and just be together and nurture each other; or a granddaddy or a couple generations living together.

So there needs to be some nurturing time for the adults as well as some problem solving time for all the adults involved and the caregivers in the care of that child. There needs to be support and regular meetings with the educators working with the child and therapists working with the child, again to coordinate the overall team approach for their child.

Most of all, caregivers need to be on the lookout for the throwing more fuel on the fire responses, the reactionary responses, the illogical thinking responses, the polarized thinking responses, and the blaming the other – either the child or the other caregiver or parent and extenuating family tensions and family conflicts. When families find they can't resolve this on their own, they need to seek out the help of a counselor or a therapist to help them work on this and to help them try to resolve it.

Finally, the most important principle is for the parents, as a team, not just individually, to foster in each other the best; to always bring out the best in the other. So mommy should say, "What kind of support can I give daddy that will help him respond less punitively and help him take a more compassionate and understanding approach to little Johnny or little Susie." And daddy has to say the same thing to mommy – "What can I do to help her?" How together can we become gray area thinkers; looking at subtlety and nuance in our comprehensive approach? And how can we foster reflective thinking where we take a step back from the problem and examine the full context for it and look at the family dynamics and look at the individual profiles of our child or our children (if more than one child is involved) and work together as a team in a reflective way. Remember, the reflective attitude means being able to look at how you are



responding and examine your own feelings and examine the feelings of your spouse or your in laws or your own parents who may be helping out as well as the reactions of your child.

The reflective family sets more effective limits. Don't get caught up in the notion that we are either tough and limit setting or we are reflective and laissez-faire. Setting reflective limits are the most effective limits, and those are thoughtful limits that don't overwhelm the child and help the child eventually internalize and grow in terms of their own limit setting ability and their own ability to regulate and cope with the gifts that have been given to them in terms of their own bodily reactions.

Lastly, but not least, it is also very important to find educational and/or therapeutic environments for the child that contribute to the child's growth. A busy classroom in a very busy school that is not well run may be overwhelming for a sensory over reactive child. They need a small, nurturing, soothing atmosphere in a preschool class or even a grade school class. We might have to search for a charter school or a private school, or even consider home schooling if it is possible. So create environments where the child is likely to function optimally. Examine the home environment from the same perspective. So provide an environment that fosters movement up the developmental ladder towards reflective thinking. The same goes for the family.

Well these are just some brief comments and a quick overview of some of the family issues. Obviously we could spend hundreds of shows on these alone, but I wanted to provide a quick overview of the broader category of regulatory sensory processing disorders and ADD and ADHD in particular because that is part of the equation of finding solutions that we need to attend to.

Thank you for joining us.