
Another Way:

Remediating Learning and Attention Difficulties Without Drugs

By
Lynda Ryan

In my practice as a Child Psychologist, I have been alarmed by the conventional approach taken to treating children with problems of attention. Medication may be useful in treating the syndrome of Attention Deficit / Hyperactivity. The true syndrome reflects an insufficient production of dopamine in the pre-frontal cortex of the brain; which is only fully developed by 24-25 years of age. It is responsible for reflective thinking (thinking before acting), inner speech (reviewing, considering ideas before blurting out) and capacity for focus (the ability to place attention and filter out competing stimuli).

An important distinction to make is that these skills and faculties emerge and evolve throughout the child's development. There may be many reasons for the child's struggle to meet these expectations. Multiple causes may be masked and go unaddressed by the use of medication as the treatment of choice. There is no denying that medication will 'quiet and focus' a child – it will do that for anyone, which is why it has become a street drug for students cramming before exams.

It may be that there is no neurotransmitter insufficiency at all for a particular child. There are so many different variables which could lead to the same outcome of difficulty focusing, getting homework done and getting along socially. Very often, attention-deficit or focusing issues have nothing whatsoever to do with intelligence, but rather have more to do with the brain's inefficiency in processing information. An ordinary task can seem like a mountain to this child – his capacities to organize his thinking, to prioritize and to follow through – in other words, his ability to successfully and effectively integrate the information coming in through all his senses is not up to the task and he can live in a constant state of overwhelm. Often, behaviour problems ensue; the child may also experience difficulties with comprehension in reading and mathematics and struggle with smooth self-expression, both verbal and written.

An alternative approach is to look at all these issues through the lens of Development. How has development evolved from the beginning? Was there a difficult birth? How were the developmental milestones? Did he crawl? Did he have a

typical crawling pattern and did he crawl enough? How did speech emerge? How was he with transitions and change? By toddlerhood we can already see if development is 'on track'. If the child has struggled with mastery of pre-school life, it shouldn't be surprising if he becomes overwhelmed with the increased demands of academics and social expectations once he starts school. The difficulties can be further exacerbated by the fact that he is now expected to learn in a second language – and sometimes a third. In my experience, the strain becomes undeniable by Grade Three and often before. This is often when I meet the child.

It's important to see the child as a whole, emerging person with many strengths he can be proud of and have confidence in. It's also important to get a good look at exactly where his difficulties lie. It's not uncommon to find an area of real struggle hidden beneath his intelligence or masked by disruptive behaviour. Often, an actual block in expressive language (being able to easily access thoughts and feelings) is behind rage and aggression. Problems with auditory processing (the teacher asks

a question and while other children are answering, this child is still trying to figure out what was asked) can certainly produce poor attention and distractibility.

All these issues and more – comprehension of reading and mathematics, written expression, creative thinking, grasp of social patterns, coordination and facility in sports, and of course, the very advanced ability to focus and maintain attention - all have their roots in development.

Development is complex and multi-faceted and evolves in stages. Subsequent stages are built on what has come before. If previous stages are weak and incomplete, development continues but subsequent skills are built on foundations with areas of deficit. Subsequent development may be like Swiss cheese – fine until you hit an area of weakness and then the whole thing can fall apart.

Development occurs through movement. Movement activates the growth and development of the brain.

Movement in the first year of life builds circuitry, which will be used later in life for learning. It's the only way these pathways are constructed – this is why it is so crucial that babies spend plenty of time on the floor moving freely. Most children spend far too much time in seats – car seats, high chairs, supermarket shopping carts, toy vehicles, watching TV, thereby losing the precious opportunity for brain development that is at hand. It's ludicrous to think of a baby sitting to watch "brain development videos"!

A very effective way of addressing all these cognitive, emotional and social issues is to re-visit development and get it right. Building a solid structure from the ground up can be achieved thanks to the plasticity of the brain and how well it can build those much-needed pathways at any age in life. Remediation and tutoring can be long and tedious if the brain itself has not changed.

Developmental Movement Therapy (which you can Google to read up

on) gives the child the opportunity to strengthen his entire system. Movements are embedded into play and games and there is a short set of movements to do at home through the week to strengthen the pathways (in much the same way as a musical instrument also has to be practiced to reinforce a particular pattern of movement). Progress is real and comprehensive and can be measured against the academic and behavioural profile seen at the beginning.

I would like to use this column as a way of reaching out to you. I am interested in your questions and feedback. I also welcome your questions, which may be addressed here in subsequent issues. These may be left on my voice mail at (514) 694-5580.

In the meantime, let's consider medication as a last resort, not a first response and let's get those babies moving!