



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

DISABILITY ISSUES & THE WILD CHILD

Can you recognize the opening lines from a children's classic and name the book?

The snu bip uot shiue.
It mas too met to dlay.
So me sat iu the honse
All that colq, colb, met bay.

The following is how Jules, a dyslexic child struggles through deciphering the four simple lines of 23 words. To Jules, each of the underlined letters could be two, three, or more letters because of the difficulty identifying letters that "mirror" each other. With each guess of what letter it may be, Jules has to pause and check if it makes a word he recognizes and also, if it makes any sense in the sentence. Each "word" or cluster of letters in the parenthesis below require that check.

The (snu? snn? suu? suu? sun?) **sun...**
(bip? bid? biq? diq? dip? diq? pip? pid? piq? qiq? qip? qiq? did?) **did...**
(uot? not?) **not...** (shiue? shine?) **shine...**
It (mas? was?) **was...** **too** (met? wet?) **wet...** **to** (dlay? blay? qlay? play?) **play...**
So (me? we?) **we...** sat (iu? in?) **in...** **the** (hones? house?) **house...** **All that**
(uolq, colb? uolb, colp? uolp, colb? colq, uolb? colb, uolp? colp, uolb? cold?)
cold..., cold,
(met? wet?) **wet...** (bay? gay? pay? day?) **day...**

There were over 50 letter clusters to go through to figure out 23 words. Take out the false starts and incorrect deciphering, and turn every letter the right direction, and if he hadn't given up, Jules would discover that the paragraph says,

The sun did not shine.
It was too wet to play.
So we sat in the house
All that cold, cold, wet day.

"AD/HD rarely exists by itself. More children than not have at least one of the disorders. It is estimated that approximately two thirds of children with AD/HD have at least one other mental disorder and as many as 10 percent have three or more disorders. Mental disorders often norm rather than the exception... The breakdown of coexisting disorders and took something like this:

- Second disorder: 66 percent
- Learning Problems: 50 percent
- Oppositional Defiant Disorder: 33 percent
- Anxiety Disorder: 25 to 30 percent
- Conduct Disorder: 25 percent
- Depression 10 to 30% percent
- Obsessive-Compulsive disorder: 10 to 17 percent
- Three or more disorders: 10 percent
- Learning disorders: 10 percent
- Tourette's: 7 percent



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

(Ashley, Susan The ADD & ADHD Answer Book, Sourcebooks, Inc., Naperville, Illinois, 2005, p.53).

Disabilities affecting Parenting & Families

LOSS OF DREAMS

Well before a child is born, parents have already been building and anticipating a whole series of experiences, accomplishments, and gifts from being the parents of the child. These are the dreams, hopes, and aspirations of the parents for the child and the family.

For example, watching them become proficient at sports or music; enjoying new experiences together; feeling pride as they graduate from college; rejoicing when they become married, and give their parents grandchildren; surpassing their parents accomplishments.

When a child is born with a disability (for example, a physical disability such non-functioning limbs), or a disability is discovered later (for example, autism or mental retardation or a learning disability), or later suffers an injury that creates a disability (for example, ear injuries or illness that create partial to full hearing loss), many of the dreams the parents have for the child and family can be profoundly shattered.

In the moment of realization of the depth and finality of the disability, parents also realize that some, many, and sometimes most of these dreams have compromised and even completely lost.

Although, parents usually still deeply love and care for their children who have disabilities, the parents themselves suffer the profound loss of dreams, and often go into a mourning period with all the developmental stages of the grief process that death of a loved one may cause- DENIAL, ANGER, BARGAINING, DEPRESSION, & ACCEPTANCE (DABDA).

Parents need support to work through the loss-grief process, or else, like other developmental processes may be subject to regression and fixation at earlier stages, and not reach ACCEPTANCE of the disability- of the loss; and, subsequently not be able to move on and deal well with meeting the needs of the child with the disability.

ISSUES FOR THE CHILD WITH A DISABILITY

Some children and some adults have negative perspectives of people with disabilities. The negative perspectives range from discomfort, to fear, to moral judgement- from begrudging acceptance to tolerance to outright rejection. Children with disabilities feel negative perceptions and are harmed by them. They can also be harmed by how they are treated, even if the intentions of the other persons are benevolent.

Invisibility

is the practice of keeping disabled people out of sight- as if they were invisible ("Out of sight, out of mind"), because adults may not feel comfortable or want to avoid having to deal with the person with a disability. Sometimes well intended people ignore or pretend not to notice disabilities for fear of making the person with a disability feel uncomfortable or embarrassed. They avoid talking



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

about disabilities, or may downplay the disability or difference. Unfortunately, this gives the child the message that not only does his/her disability or difference does not count or matter in the world, but also that he/she as an individual does not count or matter to others.

Infantilizing

is the practice of treating a person with a disability as incapable and dependent- treating him/her as if he/she is and will always be limited in skills and capabilities like an infant. As the child or individual is continually treated as if he/she were both fragile and incapable (rescued, taken care of, having tasks done for them), the syndrome of learned helplessness can develop. As the adults' behavior keeps sending the messages that he/she is both fragile and incapable of mature behavior, the child with a disability first begins to consider, and then eventually comes to firmly believe (learn) that he/she is helpless. Overprotected children (with or without disabilities) fulfill the prophecy, and become incapable and vulnerable, and dependent on others.

Objectifying

is the practice of seeing only a person's disability rather than seeing the whole person. That a person has a disability does not automatically mean that he/she has no other abilities. Every person with a disability still possess many other abilities, some of which may be or have the potential to be quite remarkable. Objectifying a person defines the person in totality in terms of his/her disability only, without regard to his/her abilities. A child who has been objectified will only think and be regarded in terms of what he/she cannot do, as opposed to the many things he/she can do. He/she will assume the identity of or be perceived in terms of the stereotypes of people with that disability, rather than as a unique individual- a BLIND man, as opposed to a MAN who is blind...and a lot of other things as well!

TIME, ATTENTION, & ENERGY DEMANDS

Children with disabilities demand a disproportionate amount of the time, attention, and energy of the parents, of their siblings, and of the family as a whole. They can often also demand a disproportionate share of the financial resources of the family.

The physical environment of the house, of the indoor and outdoor play areas, and of the child's school may require alterations for the child to be safe and/or have access. The child may require special equipment such as hearing aids, Braille readers, wheelchairs, lifts in cars, and so forth.

The child may require specialized education, training, resources, and equipment to develop as much and as normally as possible. The child may require these to maximize the limited abilities of his/her disability and/or to develop effective compensations using other abilities (increased use of sight and touch for a deaf child).

The child may need specific vocational training or life skills training to prepare for adult life within the limitations of his/her disability. The child may need more intense supervision from his/her parents and other caretakers.

EFFECTS ON PARENTS



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

With a child with a disability, there is often a vicious circle of wear and tear on the family. Few parents grow up with any training nor any experience with nor especially any expectation that they will need to raise a child with a disability.

As a result, they can feel bewildered and inadequate to meet their child's special needs. This leads to being depressed, feeling guilty, and being embarrassed.

They can suffer from a lack of satisfaction, feel isolated, and over-involved trying as much as they can without making it better- they end up angry and exhausted as they feel trapped. They can begin to see themselves as a victim of their child's disability.

Since the mother often has primary care responsibilities for the child with a disability, often a disproportionate share of the time, energy, and attention demands fall upon her. She may become resentful of other members of the family, especially the father. She may feel unappreciated.

On the the other hand, since the mother spends so much of her attention and energy on the child, often father feels shut out because he feels that his wife has no energy for him. He may question what mother is doing, and may even feel jealous. Both parent in frustration may direct the anger at the child, the other children, and/or each other.

EFFECTS ON SIBLINGS

Since the child with a disability draws much of the attention and energy of the parents to him/her, the siblings often feel ignored and their needs unmet or considered less important than their sibling with a disability. This may be true.

They may be asked to set aside their feelings and needs. They often feel anger at the child with the disability and at the parents. They may resent the additional work or the compromises to their schedules that the child with a disability creates in the family.

They may feel that the child intentionally uses his/her disability to gain unfair advantages in the family. At the same, they feel guilt and shame, and/or are shamed by their parents for having felt anger at the child with the disability, and for being "selfish."

They may take on pseudo-parental roles required for family functioning that their parents are too distracted to perform. The roles may help them develop positive adult nurturing and responsibility skills, but they also prevent them from exploring other roles and skills freely- in other words, they do not get to be appropriately child-like as children.

This dynamic is very similar to the family dynamic that develops in an alcoholic or drug addicted family system or other psychologically dysfunctional system.

DISABILITY ISSUES & THE WILD CHILD

Learning Disabilities & Child Behavior

PROCESSING DIFFICULTIES & DIFFERENCES



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

Children with Learning Disabilities (Learning Disorders), or who are considered Learning Different process, integrate, and retrieve information differently, and/or have weaknesses in their processing, integration, and retrieval mechanisms. **Learning Disabilities are not grown out of, nor do they go away.** The technical definition is a substantial difference between a child's academic achievement and what is expected for someone his/her age. LD's include deficits in visual perception, linguistic processes, auditory processes, attention, and memory.

Examples of LD's include:

A child who clearly hears instructions but is inefficient in processing the information into short term memory. He/she then "forgets," and gets in trouble. In reality, this is the result of an auditory processing problem;

A child who is not as efficient as other children in retrieving information from his/her cognitive storage, and takes more time to find the answer to a question. Unaware that the teacher has gotten a correct answer from the other children and has asked a new question because he/she had been concentrating on finding the answer, the LD child gives out that answer for the previous question. His/her correct answer (to the previous question) but incorrect answer (to the current question!) is seen as him/her being funny by his/her classmates, but as being disruptive by the teacher.

A child is attentive and understands the materials presented, and participates appropriately verbally in class, then turns in an unclear jumbled written assignment with disconnected thoughts. Criticized for poor effort, the child actually has an LD processing problem that makes it difficult and confusing as he/she tries to put ideas and opinions in written form.

A child is a very slow reader and is making very minimal progress becoming a better reader. He/she is thought to not care and/or mentally deficient. The child may have an undiagnosed visual perception learning disability creating difficulty in distinguishing the differences in letters that are "mirrors" of each other: "b" & "d", "p" & "q", "M" & "W", "Z" & "N".

MISDIAGNOSED & MISUNDERSTOOD

LD children are often misdiagnosed. They are seen as mentally deficient, or resistant to learning. They are often criticized for not paying attention and being lazy. They are constantly being told to try harder. Their motivation is questioned- adults often think they don't care. The lack of learning or progress is sometimes seen as the child being defiant.

Having encountering failure after failure despite tremendous effort, being constantly criticized and harangued, feeling tremendous frustration, and having had his/her self-esteem devastated, the LD child may start acting out and fulfill the negative criticisms of being a lazy, unmotivated, stupid, and defiant child.

TRYING AS HARD AS THEY CAN- "JUST STUPID"



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

LD children are constantly being encouraged and admonished to try harder, and constantly being doubted that they are trying hard. LD children, like other children try very hard to please their parents and children, and to be accepted by their other children. So, they try very hard.. and then try even harder...and harder. They try as hard as they can, but their learning disability may prevent them from being successful; and prevent them from satisfying or pleasing the important adults and from not being labeled negatively by them and the other children.

As they try and fail, try harder and fail, try as hard as they can and still fail, LD children are stigmatized by adults and other children as being stupid- worse, they believe themselves to be stupid. After all, all that trying just proved it. LD children are often demoralized and their self-esteem destroyed. Loss of self-esteem in LD children, as in all children makes them vulnerable to a tremendous number of other negative behaviors (emotional problems, relationship problems, violence, defiance, substance abuse, and so forth).

COMPENSATION- TRY DIFFERENTLY, NOT TRY HARDER!

The key to successfully helping LD children progress comes from first, recognizing that the child's lack of success or progress is not due to other issues (especially negatively judgemental issues); second, successfully identifying the specific learning disability or learning difference that the child has; and third, training the child to use compensating techniques and/or skills.

This type of instruction is specialized and drawing assistance from and using specially educated and trained professional resources is usually required and recommended. Not all schools have staff that are equipped to do this.

There is philosophy in some educational programs to put LD children in a less demanding academic environment, give them easier work, and allow them to "succeed" in that way. As a result, some LD children complete public school, get a diploma, and are sent into advanced academic programs and/or the work world without any acquired compensatory skills or techniques to function successfully with their learning disability in the real world. And, then they fail.

Parents need to forcefully advocate for their children to be taught **LD Survival Skills!** and not just be passed through schools.

DISABILITY ISSUES & THE WILD CHILD

Theories about "Hyper" Children- Including Alternatives

LEARNING STYLE THEORY

Learning style theories say individuals can have stronger and weaker ways of learning. By identifying the learning style of a child, instruction can be directed to that style. As a result, the child is expected to learn more efficiently and with more depth. Auditory learning, visual learning, and motor-kinesthetic are a common way to look for strengths and weaknesses in a child's learning style.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

When the parent's or teacher's teaching style, which can also be auditory, visual, or motor-kinesthetic oriented, mismatches with the learning style of the child, then there arises the potential for difficulty in learning, frustration for both adult and child, lowered self-esteem, and acting out behavior.

Children labeled as "Hyper" or wild children are often motor-kinesthetic learners. They learn by using their senses, especially touching and moving about. This is often contrary to the desires of an adult who may value quiet, still attentiveness in a more visual and/or auditory style.

Teachers have been said to be visually oriented primarily, and auditorially oriented secondarily as a group. This would create a mismatch between teaching style (mostly visual and auditory) and the receptive learning style of the motor kinesthetic child.

As the child is frustrated by not "getting" the instruction, as the teacher is frustrated by the child's failure, and as the child gravitates to his/her motor-kinesthetic style, he/she then often becomes too active for classroom management. He/she becomes labeled as "immature" and/or "bad" and/or "hyper."

STRENGTHS & WEAKNESS OF DIFFERENT LEARNING STYLES

Each learning style offers strengths for the individual, as well as challenges or weaknesses. Some individuals have very distinct strengths in one style and very distinct weaknesses in the other two. Some individuals, however, are more balanced with relative strength in two or even all three learning styles, with a relative weakness in the remaining style or no weakness at all.

Individuals can be taught how to compensate for relative weaknesses in a learning style by using techniques that either draw more heavily on the stronger learning styles, or by using techniques that increase the receptivity of the weaker style.

For example, a person who is weaker in the auditory style of learning may be taught to tape record a lecture to listen again more slowly at a pace he/she can integrate information more effectively, or visual aids can help a poor auditory learner understand better, or a strong motor-kinesthetic learner should be encouraged to do as much hands-on learning opportunities to learn as possible. Manipulatives would make mathematics concepts more tangible to the motor-kinesthetic learner.

Auditory (listening) Strengths:

Spelling, Phonics, Vocabulary, Ten Verbal Excuses, Talks a lot,
Reads out loud well.

Auditory (listening) Weaknesses:

Poor Reading, Poor Following Directions, Can't Hear Differences
between sounds, Says "gizmo", "whosit", Poor comprehension.

Visual (seeing) Strengths:

Enjoys books w/ pictures, Recalls location of objects, Comments on clothing, Puzzles, Drawings,
Notice/comment on visual detail.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

Visual (seeing) Weaknesses:

Short attention for paper/pencil tasks, Poor printing, Poor visual memory, Poor spacing when writing, Skip words when reading aloud.

Motor Kinesthetic (movement, touch) Strengths:

Bear hugs, Thump buddies on back, Loves climbing-never spills,
Touch everything, Makes airplanes & fans from paper, Loves clay, sandbox.

Motor Kinesthetic (movement, touch) Weaknesses:

Illegible handwriting, Dislikes drawing, Awkward, clumsy, Poor speech, Lacks interests other than TV, Exhibit body tension.

ADHD- HYPERACTIVITY DIAGNOSIS & CONSEQUENCES

The clinical definition of **Attention-deficit Hyperactivity Disorder (ADHD)**-

"The essential features of this disorder are developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity. People with the disorder generally display some disturbance in each of these areas, but to varying degrees."

Children with ADHD tend to have low self-esteem, mood lability, low frustration tolerance, and temper outbursts. They also tend to be academic underachievers.

50% begin showing these features before the age of four. Depending on whether you ask lay people or clinicians, it is diagnosed 3 times to 6 to 9 times more common in males.

However, children in **inadequate, disorganized, or chaotic environments** may appear to have ADHD. It is hard to distinguish behavior between chaotic environment or ADHD.

A fairly common intervention resulting from this diagnosis is the use of the stimulant drug, Ritalin and other related prescription drugs. Ritalin has been found to be highly effective in some cases, but remains controversial. There are associated side effects (mood changes, rebound effects, and so forth) for some children.

Parents are recommended to explore non-medical interventions thoroughly before considering Ritalin. Parents, at this point, should still to get ample consultation prior to using Ritalin as the primary intervention.

NEW YORK LONGITUDINAL STUDY- TEMPERAMENT ALTERNATIVES

The New York Longitudinal Study is a almost 40 year continuous study of the temperamental traits of a group of individuals traced from birth on.

Temperament is the natural, inborn style of behavior of each individual. It is the how of behavior, not the why; it is not motivation. This style of behavior is innate and is not produced by the environment.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

The environment and the adult caregiver's behavior can influence temperament and interplay with it, but it is not the cause of temperamental characteristics.

Depending on the mix of nine temperamental traits, the temperament (personality) of an individual gives him/her strengths and challenges. Three common temperamental profiles are the

The Easy Child, who is very adaptable and handles stress and life fairly easily without too much difficulty;

The Slow to Warm Up Child, who eventually does adapt and do well but needs time to get acclimated, make transitions, and adjust;

The Difficult Child, who is the most challenging and the most challenged child.

THE DIFFICULT OR HYPERACTIVE CHILD- EFFECTS ON THE FAMILY

See the discussion at the end of this article for the classic temperamental profile of the Difficult Child. With a difficult child or hyperactive there is often a vicious circle of wear and tear on the family.

Effects on Mother (since the Mother often has primary care responsibilities for the Difficult Child): Bewilderment, Exhaustion, Anger, Guilt, Embarrassment, Inadequacy, Depression, Isolation, Victimization, Lack of Satisfaction, Feeling Trapped, Over-Involvement. The Mother can become jealous of father's relatively conflict relationship with the child.

Effects on father (since the Mother spends so much of her attention and energy on the Difficult Child); The often father feels shut out; he questions what mother is doing; is upset that his wife has no energy for him.

Effects on siblings (since the Difficult Child draws much of the attention and energy of the parents to him/her): The siblings often feel ignored and their needs unmet, which may be true; they often feel anger at the Difficult Child and at the parents; they may take on pseudo-parental roles required for family functioning that their parents are too distracted to perform.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

DISABILITY ISSUES & THE WILD CHILD

Temperamental Theory- Basic Principles

GOODNESS OF FIT PRINCIPLES

Parents that understand both their own personalities and their children's personalities tend to be less surprised by behavior, be more effective in predicting and preventing negative behavior, be more supportive of children's emotional needs, foster greater self-esteem in children, and feel more effective as parents and have higher self-esteem as well.

Parents that do not understand their own temperaments nor their children's temperament tend to be more critical, angrier, more frustrated, less effective, and tend to feel more overwhelmed by parenting; they tend to pathologize their children and/or themselves- labeling the children as bad or themselves as bad parents.

Parents and children who are good temperamental matches tend to have less conflict; parents find discipline simpler. Parents and children who are poor temperamental matches tend to have more conflict; relationships can become extremely strained.

With respect to a poor fit, it becomes the responsibility of the parent to make the initial adjustments. (see "Profile of Temperamentally Difficult Child").

MONITORING & REGULATION PRINCIPLES-

SELF-MONITORING & SELF-REGULATION PRINCIPLES

Parents can be taught how to better meet the temperamental demands of their children; children can be taught to have better awareness and control over their temperamental challenges.

By understanding how the child is challenged by his/her temperament (and by how the parent is affected by it), the parent can predict the child's behavior and as a result, make changes in management to help the child be more successful.

As the parent monitors the child for predictable behavior triggered by familiar stimulus, the parent can then regulate the child's response to the stimulus with appropriate interventions. While doing this the parent should also be continually teaching the child about the triggers, his/her temperamental challenges, and positive compensations to those challenges.

This will enable the child to gradually move from being monitored and regulated by the parent and eventually, being able to self-monitor and self-regulate his/her own temperament and response to triggers.

Temperamentally challenged young children CANNOT self-monitor or self-regulate easily; they have to be guided by aware and knowledgeable adults. Adults who do not understand or accept temperamental theory will insist that the child self-monitor and self-regulate, become frustrated as they fail, and then pathologize the child as "bad."



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

TEMPERAMENTAL TRAITS

HIGH versus LOW ratings with traits does not imply that one or the other is better or worse. HIGH rankings are not necessarily "bad" and LOW rankings are not necessarily "good," nor vica versa- LOW rankings are not necessarily "bad" and HIGH rankings are not necessarily "good." In addition, MEDIUM rankings can be both positive or negative as well. What defines the trait as positive or negative depends primarily on the demands of the environment (including the demands of the other individuals in the environment).

1. **Activity Level:** How active generally is the child/person from an early age?
2. **Distractibility:** How easily is the child/person distracted? Can s/he pay attention?
3. **Intensity:** How loud is the child/person generally, whether happy or unhappy?
4. **Regularity:** How predictable is the child/person in his/her patterns of sleep, appetite, bowel habits?
5. **Persistence:** Does the child/person stay with something s/he likes? How persistent or stubborn is s/he when wants something?
6. **Sensory threshold:** How does the child/person react to sensory stimuli: noise, bright lights, colors, smells, pain, warm weather, tastes, the texture and feel of clothes? Is s/he easily bothered? Is s/he easily over-stimulated?
7. **Approach/withdrawal:** What is the child/person's initial response to newness- new places, people, foods, clothes?
8. **Adaptability:** How does the child/person deal with transition and change?
9. **Mood:** What is the child/person's basic mood? Do positive or negative reactions predominate?



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

DISABILITY ISSUES & THE WILD CHILD

Profile of the Temperamentally Difficult Child

The Temperamentally Difficult Child's Profile ends up being fairly typical of what in DSM IV (psychological disorder) terminology as Attention Deficit Hyperkinetic Disorder- in lay terminology as being hyperactive. The child discussed in the family evaluation activity would fit this profile. He/she has the following trait characteristics (with certain dynamics occurring because of the combination of traits):

High Activity Level- he/she tends to be very physically active; touches everything; moving all the time. (This could be a positive trait if it just meant having a lot of energy, but the way it combines with other traits contribute to negative consequences).

High Approach- he/she tends to jump into anything new without looking first to see if it is OK or safe. (This could be a positive trait if it just meant always quickly taking advantage or going for any new opportunity, but sometimes the opportunities involve problems. Also, there are problems with the way it combines with other traits that contribute to negative consequences).

High Distractibility- this causes the child to lose focus and lose track of what he/she may have been doing previously- sometimes to his/her and/or others' detriment. (This could be a positive trait if it allows the person to notice other opportunities that may be beneficial).

The above three traits in combination create a tremendous amount of stimulation for the child which he/she does not handle well because of his/her

Low Sensory Threshold- this means it does not take a lot of stimulation for the child to be overwhelmed. (In other situations, low sensory threshold or high sensitivity to the environment could be a potentially positive trait, if it enables the person to anticipate a negative change early enough to help him/her avoid the problem).

Although, he/she may be creating much of the stimulation (chaos) in the environment, he/she still cannot deal with it well. Instead, he/she is greatly bothered by all the stimulation.

Even if the child is bothered by the overstimulation (brought about by being high activity level, being highly distracted and going with high approach toward anything else or new to be stimulated which creates great frustration!!), the issue does not become problematic for others particularly unless the child also has

High Intensity- which means he/she acts and reacts to everything with great intensity. (As a positive trait, such a person would be considered very "passionate"). In this profile, since he/she is overwhelmed, frustrated, and bothered, this means he/she is extremely overwhelmed, frustrated, and bothered.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

This results in negative and tantrum-like behavior.

This extreme negative behavior could be mitigated if the child was able to find a successful way to handle the frustration, the issue, or the problem. However, he/she tends to have picked an unsuccessful way to handle the problem and sticks to it because he/she is unable to move to some other approach. He/she has

Low Adaptability- which often leads to a single stereotypical and ineffective way to handle problems. (On the other hand, some work encourages a single minded approach). If he/she had High Adaptability, he/she would be able to more easily search for, chose, and activate a more successful solution.

This type of person needs aid in finding alternatives- he/she needs outside resources for ideas. He/she has great difficult "thinking" of something him/herself.

As a result of low adaptability he/she continues to do what does not work over and over, which continues to frustrate him/her more and more. While it would seem that being unsuccessful and continually being frustrated would make this person give up or quit, he/she often cannot let go. This is because of the following trait-

High Persistence- whether he/she is successful in getting what he/she wants, he/she will keep at it very persistently; he/she has difficulty quitting even though he/she may become extremely frustrated at not succeeding. (This could be a positive trait if it just meant being very determined and never quitting in order to succeed at difficult tasks).

This kind of persistence when it combines with the other traits as listed would mean continuing and continuing despite the unlikelihood of success and some very negative consequences from not quitting- infuriating him/herself and making everyone else crazy!

This combination of these seven traits (of the nine) gives you the classic hyperactive child!



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

Intervention Principles to Challenging Traits

High or Low trait characteristics can be both positive or negative. Positive characteristics in the traits are often self-evident; some positive consequences are mentioned in "Profile of Temperamentally Difficult Child."

The following focuses on mitigating potential negative consequences of high or low characteristics of the traits discussed.

1. Activity Level

Individuals with **high activity levels** need to be given ample opportunities to be active and release their energy in a positive manner. Failure to do this will result in individuals having excess energy that will release in less desirable situations.

Instead of asking an active individual to stop being active (this is impossible!), the adult should look for ways to respect the individual's innate need to move and touch. Only by satisfying this need will the individual be able to "behave."

High activity should not be equated with being "bad," nor should low activity be equated with being "good." While, high or low activity level are both appropriate and inappropriate depending on the requirements of particular situations, the child's level is a function of his/her own temperament and cannot be easily suppressed in response to adult demands.

Individuals with **low activity levels** cannot be expected to become more active merely because the situation supports higher activity. Such individuals may need more time and direction to get tasks done. They are necessarily being "lazy."

2. Distractibility

Individuals with **high distractibility** need to have the amount of stimulation (distractions) lowered by responsible adults. They are unable to remove distractions (turn off television, have them study on a empty table) or to remove themselves (go to a quiet room, use a cubicle) from distractions by themselves as youngsters.

It is important for responsible adults to teach such children to become aware of their susceptibility to distractions and to remove distractions or to remove themselves from distractions.

Individuals with **low distractibility** need to be directed by responsible adults to other stimulation or opportunities that they may otherwise not notice and not take advantage of. Such individuals need to be taught to consciously and habitually remind themselves to check for opportunities.

3. Intensity

Individuals with **high intensity** need to be guided to use their intensity in productive ways, and to avoid behaviors of high intensity that cause problems. The passion of high intensity needs to be supported, while guiding its expression towards more positive and effective behaviors.

High intensity cannot and should not be attacked or repressed; it needs to be accepted and directed.

**Note, as with other traits, there are major cultural differences in how safe high intensity



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

(passion) is considered for the individual, and how positive high intensity (passionate) individuals are for the family or community. In American culture, there is significant acceptance of high intensity (passion)- it is often encouraged.

Individuals with **low intensity** need to be guided, at times, to invest greater energy in some situations that require greater intensity to release benefits. Low intensity individuals, generally, do not create disruptive problems for communities.

However, pairing low intensity individuals together often creates an underinvestment of energy, and a resultant lack of progress. Teams with a combination of different intensities often work well- the more intense members draw the less intense out, while the less intense modulate the more intense members potential overdoing it (or grandiosity).

4. Regularity

Individuals with **high regularity** need to be given ample warning (transition time) when they are required to go off schedule or change routine. They need more time than others to acclimate to change.

Change should also be broken down to a series of smaller changes (transitions) whenever possible.

Individuals with **low regularity** need to be reminded that while a change, a quick transition, a unexpected schedule change, and spontaneity in general are relatively comfortable for him/her, that it may be tremendously disruptive for others who have higher regularity.

5. Persistence

Individuals with **high persistence** need to be supported in their desires, yet reminded of the effectiveness of their persistence. It is important for responsible adults to be careful not to consciously or covertly support negative persistence by rewarding tantrums.

Such individuals need to be directed to using their persistence in socially appropriate and effective behaviors.

Individuals with **low persistence** need to be reminded and directed (even required) to persist in the face of initial frustration. They need to become aware of their propensity to quit after initial frustration, and to experience success with persistence.

6. Sensory threshold

Individuals with **low sensory threshold** need to be taught to become aware of how and when they are becoming overstimulated. Such individuals need to learn how to reduce the amount of stimulation they receive; how to remove themselves from overly stimulating situations; and how to reduce stress and sensory overload when they have become overstimulated.

Individuals with **high sensory threshold** need to be reminded that while a lot of activity, lots of noise, and other massive sensory stimulation in general are relatively comfortable for him/her, that it may be tremendously uncomfortable and even disturbing for others who have a lower sensory threshold (that is, to remind themselves not to create a lot of stimulation that he/she can handle, that others may not be able to handle).



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

7. Approach/Withdrawal

Individuals with **high approach** need to be prepared, warned, and possibly restrained before being introduced to new situations. Such individuals tend to be helped with highly structured instructions prior to encountering new situations.

Responsible adults need to anticipate new high approach situations and begin management interventions before the "leaper" leaps.

Individuals with **low approach** need to be given more time to acclimate- to make transitions- to become comfortable with new situations. Responsible adults need to anticipate the longer time, be supportive, and plan their schedules accordingly.

8. Adaptability

Individuals with **low adaptability** need to be offered alternatives, choices, and resources to deal with problems; they cannot otherwise come up with these by themselves.

They need to be taught that failure with a technique or approach should be a cue to do something different, rather than using something unsuccessful over and over.

Individuals with **high adaptability** need to be reminded that doing something differently immediately is not always necessary. Such individuals need to be also aware that their flexibility may not be common to other around him/her- to not expect it to be matched. In fact, their adaptability may be experienced as threatening to others.

9. Mood

Individuals with **negative mood** need to remind themselves that their mood may negatively affect other people's moods; that an overfocus on the negative may overwhelm their ability to appreciate the positive.

Individuals with **positive mood** need to remind themselves that their mood may negatively affect their ability to perceive other people's moods; that an overfocus on the positive may overwhelm their ability to appreciate that other people may not feel positive.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(511) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

EXAMPLE OF DIFFICULT CHILD & FAMILY **A FAMILY PROFILE W/O TEMPERAMENT FOCUS**

Charlie's Profile: Very active- may be hyperactive. Has been a very happy kid up until recently. His overall mood has turned more and more negative since the beginning of the first grade (now in third grade). Gets overstimulated easily when there is a lot of noise and activity. Does not handle it well at all. Gets wild and bothered. Won't give up. Keeps on pushing; won't take "no" for an answer. Has trouble coming up with alternatives when he is frustrated. Gets more and more upset. Starts throwing tantrums. Gets angry and lashes out at anyone around, "It's your fault! You're mean! I hate you! I wish you weren't my mother. I want to live with my father! You don't care about me!"

Charlie has been criticized over and over for not sitting still, for touching things, for blurting out and interrupting others, for his tantrums, for getting into fights at school, for not listening, for not behaving, and so on and so forth. As a result, his self-esteem has suffered a lot. He does not see himself as a good kid; instead he thinks he can't be a good kid. He has tried so hard, but been a failure at it. He is seeing himself as a failure. He alternates between being depressed, being angry, and being excited and happy.

Stepfather's Profile: Very similar to child's profile with two key differences that allow him to be fairly successful despite some very challenging traits like his stepchild's: The stepfather seems to be able to deal with all the noise and activity better. This allows him to tolerate the stimulation that sets his stepchild off. The stepfather is very good at coming up with new ideas and approached when he has problems. This allows him to look for, find, and activate alternative solutions that his stepchild never sees.

The stepfather gets frustrated that his stepchild isn't able to be adaptable like he is. He can't see why the child just doesn't try something else like he does!

The stepfather also gets frustrated with his wife's ineffective discipline interactions with the child. He feels that she just isn't creative enough in dealing with him. He has less trouble with his stepchild (relatively) and gets angry that his wife complains about being overwhelmed. Sometimes he feels that he and his stepchild are on the same side against her.

Mother's Profile: Quite different from both husband and child's. It is hard for her to keep up with her husband and child energy. Both her husband and child outlast her in conflicts; they are both more staying power and get more passionate- it just becomes too much for her to deal with them in arguments. She often feels herself being dragged into things by her son and her husband too fast for her own comfort. When that happens she resists but is often overwhelmed. She ends up feeling her



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(511) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

needs are disrespected by them both.

She catches the brunt of Charlie's temper tantrums and stubbornness. Dealing with him wears her out. And, she resents her husband's relatively easier time with Charlie. She really resents his critical and impatient attitude toward her parenting. On top of that, her husband's somewhat similar traits to his stepchild make him almost as much a challenge for the mother to live with as the child. "He's as bad as Charlie sometimes!" Instead of having her husband as an ally, she experiences as an obstacle or even an adversary to her in dealing with Charlie.

She sees herself as relatively easy going and easy to live with. And, doesn't see what she has done to deserve this. She feels and sometimes acts like a victim, and gets even more infuriated when her husband doesn't sympathize with her!

Family Profile: All in the family are challenged to stay on task when there is family chaos. The child tends to get bothered first, the mother next, and the father little or not at all. In fact, the father may be the one who is creating all the stimulation in the first place!



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(511) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

EXAMPLE OF DIFFICULT CHILD & FAMILY

ASSESSING THE FAMILY USING TEMPERAMENT & GOODNESS OF FIT THEORY

TRAITS	CHILD	MOTHER	FATHER
1. Activity Level	<u>HIGH</u>	<u>LOW</u>	<u>HIGH</u>
2. Distractibility	<u>HIGH</u>	<u>HIGH</u>	<u>HIGH</u>
3. Intensity	<u>HIGH</u>	<u>MED</u>	<u>HIGH</u>
4. Regularity	<u>HIGH</u>	<u>LOW</u>	<u>LOW</u>
5. Persistence	<u>HIGH</u>	<u>LOW</u>	<u>HIGH</u>
6. Sensory threshold	<u>LOW</u>	<u>MED</u>	<u>HIGH</u>
7. Approach/Withdrawal	<u>HIGH</u>	<u>LOW</u>	<u>HIGH</u>
8. Adaptability	<u>LOW</u>	<u>MED</u>	<u>HIGH</u>
9. Mood	<u>+</u>	<u>+</u>	<u>+</u>

HIGHLIGHTS OF A TEMPERAMENTAL EVALUATION

Child's Profile: Very typical of what in DSM IV terminology as ADHD, in lay terminology as hyperactive.

High Activity Level + High Approach + High Persistence + High Distractibility creates a tremendous amount of stimulation for the child which he/she does not handle well because of

- + **Low Sensory Threshold** (bothered by all the stimulation), which could be mitigated if the child was highly adaptable or would just let it go. However, the child has
- + **Low Adaptability + High Persistence**

so he/she continues to do what does not work over and over, which frustrates him/her and he/she reacts with

- + **High Intensity!** which gives you the hyperactive child!

Father's Profile: Very similar to child's profile with two key differences that allow him to be fairly successful despite some very challenging traits like his child's: The father's **High Sensory Threshold** allows him to tolerate the high stimulation that sets his child off, and the father's **High Adaptability** allows him to look for, find, and activate alternative solutions that his Low Adaptability child never sees. The father's similar traits to his child make him almost as much a challenge for the mother to live with as the child.

Mother's Profile: Quite different from both husband and child's. **Low Activity Level** creates challenges for her to keep up since both her husband and child are much more active than her. **Low Persistence** would mean that both her husband and child outlast her in conflicts since they are both High Persistence. Conflict between herself and both occur because their High Approach tends to go against her instinct to **Low Approach**. Other than that, her overall temperament does not have a lot of extremes (high or low) which makes her relatively easy to live with.

Family Profile: Since all in the family have **High Distractibility**, all are challenged to stay on task



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(511) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

when there is family chaos. The child tends to get bothered first (**Low Sensory Threshold**), the mother next (**Medium Sensory Threshold**), and the father little or not at all (**High Sensory Threshold**)- in fact, the father may be the one who is creating all the stimulation in the first place!

There are numerous other trait combinations that can be examined to determine how the family interacts. Look at differing ratings on the same trait, or for two people sharing a trait rating that is different from a third person's trait rating. Also look for traits in combination- for example, high persistence and low adaptability predicts repeated and fruitless attempts to resolve problems the same way over and over; high approach and low adaptability predict ease in initial transition with a later period of discomfort.

The point of using temperamental evaluations are that they lead to logical interventions for specific traits rather than generalized interventions; and, that they normalize, rather than pathologize family members.

Biography

Ronald Mah, therapist and educator, combines concepts, principles, and philosophy with practical techniques and guidelines for effective and productive results. He uses humor and stories from his many experiences to illustrate important points in a stimulating and highly motivating and engaging style.

A Licensed Marriage & Family Therapist, his experiences include: Asian-American community mental health, Severely Emotionally Disturbed mental health & school partnership programs, vocational programs for at risk youth, welfare to work programs, clinical consulting & cross and multi-cultural training for Head Start, other early childhood education programs, social services organizations, & mental health agencies, supervising a high school mental health clinic, training and supervising therapists, private practice in Castro Valley, author of the Asian Pacific Islander Parent Education Support curriculum.

Professional Education experiences include: 16 years in ECE, including owning and running a child development center for 11 years, Kindergarten, elementary, & secondary teaching credentials and experience, ethnic studies curriculum writer, community college instructor, Masters of Psychology instructor, and former member Board of Directors of the California Kindergarten Association and of the California Association of Marriage & Family Therapists.