

## **Beyond the "Special Needs" Label**

*Focus on specific problem behaviors instead of diagnostic labels, says this renowned child psychiatrist.*

By Stanley I. Greenspan, M.D.

Lori was concerned about her 5-year-old son. His teacher said that he was having difficulty staying focused at school and bounced among activities. Lori had noticed this at home, too. When Lori spoke with the pediatrician about her son's behavior, she suggested that Lori consider having him evaluated for attention deficit hyperactivity disorder, or ADHD. While it made sense to Lori that she and Jack's teacher should continue to watch Jack's behavior and strengthen his attention skills, Lori worried about having this label attached to her child.

### **The Problem with Labels**

Lori was right to be concerned. Teachers and parents are frequently presented with new and bewildering diagnostic terms, as well as more familiar ones, such as mental retardation or emotional disorder. Often left to figure out what exactly these labels mean, adults must act on their impressions of whether a child with a particular diagnosis can be helped and if so, how. Although traditional diagnostic labels help professionals keep track of the types of problems children experience, and aid researchers in studying causes of and treatments for those problems, the labels also pose significant limitations. By grouping different individuals under one large category, we risk lumping together children who are actually very different from one another.

A clear example is the ADHD label. The ADHD diagnosis focuses on the similarities among children who are inattentive, perhaps overactive, and who perhaps can't concentrate enough to follow directions. By settling for the label ADHD to explain the behavior of such children, we underemphasize many important differences among them. One child may be inattentive because he can't plan or sequence his actions well. Another may have trouble processing incoming information. Yet another may be oversensitive to sound; when confused by too much auditory stimulation, he

becomes distracted and disruptive. A child may be hampered by a little bit of all of the above, while another exhibits none of these characteristics but is simply restless and anxious.

You can see that there can be very different origins for seemingly similar behavior. And each behavior calls for very different treatments. The danger of using labels is that the uniqueness of each child gets lost. Settling for a label often becomes more confusing than helpful. How, then, can we categorize special-needs children in a way that allows us to do research and gain a better understanding of their common problems?

To achieve true understanding and effective intervention, we have to focus on each individual child and not group children under some broad category of common behaviors. We need to look at certain dimensions of each child, such as the ability to communicate or relate. In other words, this approach allows consideration for the way each child processes sights, sounds, and touch, as well as the way he plans and carries out actions. All these observations help determine the child's profile.

### **Focus on Development**

Another problem with traditional labeling is that it often doesn't take into account where a child is developmentally. The profile of each child should include details about his emotional, social, and intellectual levels. The way a child interacts with family members plays an important part in his individual profile. Added together, all these pieces can help parents and teachers carry out a specifically designed intervention plan. We can begin to understand what underlies a special-needs child's challenges and go straight to the heart of each child's capacity to think, feel, and interact in order to improve whatever needs improving.

### **Identify Specific Behaviors**

We think it is much more helpful if parents and teachers tune in to specific behaviors rather than look for a label. For example, does the child find it difficult to pay attention when there's a lot of noise, many instructions, or when the task requires

multiple steps? If, in the case of Jack, his teacher spells out his behavior like this, we can more easily guide her and Jack's parents toward effective strategies and solutions without getting caught up in any particular label.

That said, giving up traditional labels is difficult for a variety of reasons. Having a ready label makes the child's behavior less mysterious or scary. It becomes something about which there is ongoing research, treatments, and broadly speaking, ready answers. Labels give us a sense that the problem is manageable.

On the flip side, using a label implies that the disorder is responsible for a child's behavior, and therefore, might distract us from looking at what's going on around him. It's important to understand why a particular child is behaving a certain way, and labels can limit the opportunity to take steps that could be very helpful. Applying labels to very serious disorders, such as autism or mental retardation, can lead to giving up on a child. These labels shouldn't evoke so gloomy an outlook.

If we look at a child in terms of his unique characteristics, we might see things we can do that lead to improvement. For all children, but especially for children with special challenges, we recommend a program of active interaction at home and school that takes into account a child's individual qualities and developmental level. It is far more effective than assigning labels.

*Stanley I. Greenspan, M.D., is a child psychiatrist and professor at George Washington University Medical School.*

From *Parent & Child* magazine