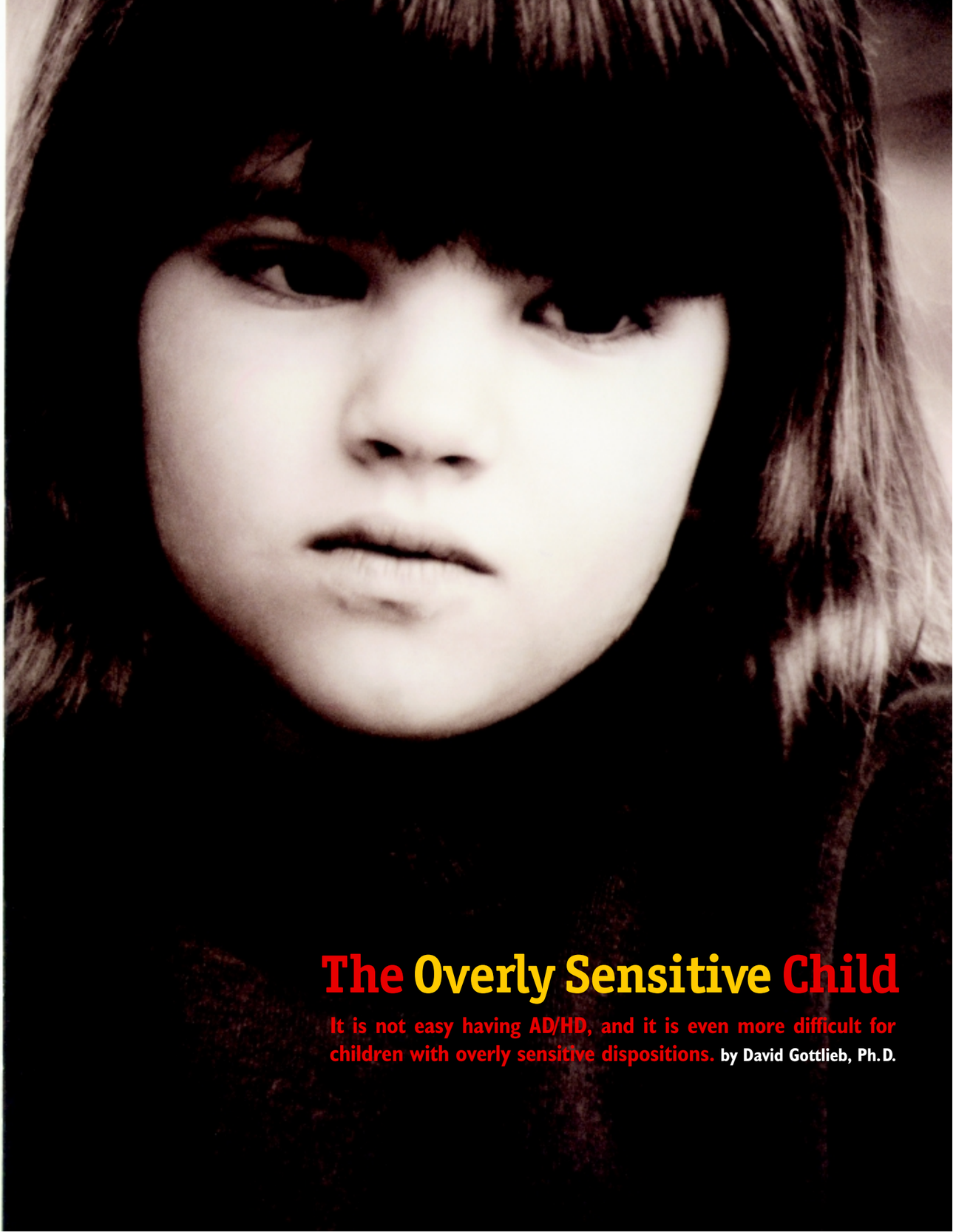

The Overly Sensitive Child

It is not easy having AD/HD, and it is even more difficult for children with overly sensitive dispositions. by David Gottlieb, Ph.D.

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YOUR CHILD with AD/HD comes home from school and tells you that he or she has no homework tonight, and though you suspect otherwise, your child is insistent. Eventually, you receive a call from the teacher saying that your child has not completed her homework recently. After confronting your child and insisting that she begin working on the missed assignments, your child again insists that the assignments were completed, until you explain that the teacher called. She reluctantly admits she may be behind, however, she now shifts focus to whether you will tell the other parent, fearing the wrath or disappointment the other may show. The child starts to cry and pleads with you not to tell.

Characteristics of the Overly Sensitive Child

As the first parent to learn about your child's lack of effort, you may feel you should tell your partner. However, your child's fear shows how vulnerable she is to being hurt by one or both parents' disappointment. Deep down your child feels like a failure, that she can never please you or your spouse. She does not often speak of this self-attribution, but more readily talks about her pain in terms of her parents' reactions.

The overly sensitive child is also quite competitive with his or her siblings, and usually feels inferior to them. Not only do the siblings often not have AD/HD, but the overly sensitive child often sees them as having attributes, such as athletic ability or a charming manner, which are preferred by the parents and peers. Often the siblings are indeed charming or athletic. However, the child with AD/HD has special attributes as well, which he or she may overlook.

In many cases, these attributes are not as prized by adults or peers, especially during childhood. One overly sensitive child with AD/HD had a contagious smile and openness when he really started to talk openly about his life. Once he got past his superficial opening in a therapy session that nothing was new, the child actually had a charm of his own and it was easy to empathize with him. Another overly sensitive child with AD/HD was a computer game expert and quite willing to help others with the games. This child also had good nonverbal skills, and helped on the technical crew for high school drama productions. Unfortunately, the child with AD/HD does not readily see these attributes as worthwhile or special.

The overly sensitive child with AD/HD also has some difficulty making friends at school, and does not have the social graces or attributes, which are seen as special by peers in junior high or high school. Typically, the child is teased for his disorganization in school, and seen by peers as awkward and unfriendly. The child with AD/HD, after receiving so much negative feedback at school and home, may choose to become withdrawn and avoid social contact, which only compounds the problems with learning social skills, and in turn, increases his social awkwardness.

In extreme cases, an overly sensitive child can show signs of suicidal or homicidal thoughts. The self-hate or anger at others becomes so overwhelming, the child feels unloved and unwanted, and may fantasize about harming himself or others. For instance, one child picked up a knife to harm himself in a moment of despair after feeling berated, but quickly put the knife

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down when asked to do so by the parent. The child has not done this again. Another child sent an e-mail, signing his cousin's name, stating that the child with AD/HD had been killed in a car accident. Word quickly got out in the community and a memorial service was being planned before the child realized his mistake. He then called a friend to say that he was fine and that his cousin had sent the e-mail as a prank. These examples show how much pain the overly sensitive child with AD/HD feels, and how difficult it is for him to communicate his pain in socially acceptable ways. The child panics and is surprised by the reaction he gets. However, the child often recognizes afterward that he had underestimated the extent to which people care about him. The difficult part for the child is learning how to get people to show that they care without resorting to extreme measures.

Overly sensitive children with AD/HD may have repeated problems in school with organization and task completion, despite medication and behavior modification techniques. Possibly, as a result, the child fears the disapproval of one or both parents, feels inferior to a sibling, feels harassed by peers and sometimes, in extreme cases, has suicidal, homicidal or paranoid ideas. How do you help such a child?

Treatment Issues

A combination of psychotherapy and medication is usually needed. Psychotherapy often involves family, as well as individual therapy. Family therapy is important because the child needs to learn to talk with his parents about his fears of angering and disappointing them. When the parents see how fearful the child is, the depth of his emotion often surprises them. Parents are generally quite empathic at these moments. We then try to come up with a plan to deal with the child's fear of the parent's anger in the future. One part of the plan is for the child to signal to the parent that he has something important to say and wishes for the parent to listen without getting angry. This is not easy for the child or the parent. In the beginning, the child does not remember to signal the parent, and the parent does not remember in the heat of the moment to remain calm. In addition, the child is quite sensitive to the parent's feelings and sometimes overreacts, even when the parent is not really angry. A therapist can help the child recognize when he is overreacting to the parent's reaction. This process takes place over many sessions, and cannot be effective unless both parent(s) and child are present. The interaction is played out in front of the therapist, who acts as coach and interpreter for the family members. If the child is fearful of meeting in a family session, it may be prudent to begin with an individual session. If the issue seems ripe for a family discussion, and if the therapist can encourage the child to share the problem with his parents, the parents are then invited into the session.

Another part of the therapy is to help both the parents and the child to see the way AD/HD symptoms contribute to the conflict in the family. Parents are encouraged to have realistic expectations for the child's homework and to work on a plan with the child's teachers. Even with a good behavior-modification plan devised in conjunction with the school, the child with AD/HD may forget or misplace homework assignments. The child also needs to take an active part in the process, and learn that he can overcome his weakness in organization through extra effort on his part. An assignment notebook will help, but the child may forget at times or prefer to avoid an assignment. He may need to be reminded of his part in the cycle.

An important facet of therapy involves helping the child connect with his parents in positive ways that have nothing to do with homework or other points of conflict in the family. The child who feels his father prefers to watch a sibling's sporting events, may find an activity that the father and child with AD/HD can enjoy and share. The child who feels his mother only cares about schoolwork, may find it fun going to the movies together on a regular basis or watching a television show together. It is important to find a regular and enjoyable point of contact between parent and child.

The child with AD/HD who is typically oversensitive does not excel in ways that are readily recognized by others. If the child can develop a niche and receive admiration for it, then the child's self esteem grows, and in time he may feel less vulnerable. The niche could be a sport such as swimming or karate, a talent or hobby like reading or working on the computer. It is ideal if this niche is something that is unique in the family, that is, not a skill that is shared by a sibling. The overly sensitive child is already competitive with his siblings; thus, it is best to find a totally separate activity for him to excel in, if possible.

The most difficult characteristic to change for many overly sensitive children with AD/HD involves

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improving peer relationships. The problem is twofold. First, the child typically has avoided peers for years and must now learn skills which he has not been interested in or practiced for years. Learning social skills takes time, and many social experiences are required in order for the child to internalize new

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skills. Second, the child is usually afraid of rejection and needs a lot of encouragement to take a chance and trust that he will not be rejected again. One child told me to forget it: everyone at school hates him. He would not call anyone, but what eventually helped was joining an after-school activity where he made a friend who had similar interests. Through this friendship, his friend introduced him to more children. There were still many children who teased him in school, but now he had a peer group, albeit small, who he felt approved of him.

One of the most important tasks for the parents and therapist is empathizing with the overly sensitive child. It is important to remember he feels easily hurt and rejected. This means being patient, not expecting too much too fast, and listening to the emotional undercurrent when the child is speaking. It is easy for the parent or therapist to get too pushy or to become too much of a coach. If one is often too directing, the child feels criticized or inadequate, which only compounds his feelings of inferiority. Especially at moments of terrible pain, for example, when the child is thinking of hurting himself or others, the parents and therapist must show that they care, and put any critical comments aside. It is not easy having AD/HD, and it is even more difficult for children with overly sensitive dispositions.

Medication often helps the therapeutic process along. It is recommended that parents of these children consult with a psychiatrist. Sometimes, an SSRI medication, like fluoxetine hydrochloride or paroxetine, helps when taken in addition to the AD/HD medication. The SSRIs are especially helpful when the child has given up and feels hopeless or anxiety-ridden. In other situations, a tranquilizing medication may help, especially for children who are excessively fearful (i.e., crying or panicking about going to school or about talking to a parent after the parent comes home from work) or somewhat paranoid (i.e., feeling like his family is intentionally harming him). It depends how often these reactions occur as to whether medications should be taken in addition to the typical stimulants the child may already receive.

Treatment takes time when the problem is a mixture of AD/HD and overly sensitive behavior. It is possible that there are biological aspects to the overly sensitive behavior, as researchers are finding to be the case for many psychological problems. There are certainly significant environmental causes of over sensitivity. Children with AD/HD often have negative experiences where they feel rejected by adults or peers. In time, these children may become overly sensitive, even if they were not so at first. Patience, empathy and admiration are three qualities which are needed by parents and therapists in working with these children. The problem is treatable, but it takes time and a coordinated effort by family members, the child, the therapist and the psychiatrist. ■

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