



# “ATTENTION SEEKING”

October 2008

*A newsletter for all professionals fascinated by the puzzles and challenges of attention seeking. Resources, ideas, news and case study material.*

## NEWS

A colleague is beginning a **research project** on attention seeking - but there is still lots more room for lots of other research topics, so don't panic, all you M. Ed and Doc. Ed and Doc. Ed Psych students out there who want to start beavering away yourselves!

**SAGE** have agreed quite a reasonable **discount** on their two books on attention seeking. They have also agreed that these can be distributed to anyone who may be interested. So, please feel free to use the discount forms /distribute them to interested colleagues.

The new **NICE** guidelines on ADHD are now available ([www.nice.org.uk/Guidance/CG72](http://www.nice.org.uk/Guidance/CG72)); they recommend using Ritalin only for the most severe cases. Class teachers may thus be at a bit of a loss on what to do. Luckily the **British Journal of Special Education** is publishing an article “*ADHD or attention seeking? Ways of distinguishing two common childhood problems*”. This should help with early stages of analysing and tackling challenging behaviours. It should appear end of this year/beginning of next. I will try to send out pre-publication copies when they finish any final amendments.

The **manual and DVDs** on working with parents on attention seeking behaviour are still in their final stages. We still hope to get this published this year.

### Interest in attention seeking continues to grow:

Given the interest in attention seeking generally, the training agency **OSIRIS** ([www.osiriseducational.co.uk](http://www.osiriseducational.co.uk)) is putting on some **courses** for psychologist / parent school advisers etc. i.e. for people working with parents: “*Helping Parents Deal With Attention Seeking Behaviour*”. The first one, is being planned for **March 10**, in London.

“*Improving classroom behavior*” from “**Savvy solutions**” ([www.savvyknowledge.com](http://www.savvyknowledge.com)) is an excellent video resource. Billy Smith, one of the case studies, clearly shows attention seeking behaviour - and how not to manage it.

[Send in your news about attention seeking](#)

## THE LITTLE KNOWN HISTORY OF ALFRED ADLER

A snippet from the little-known history of Alfred Adler. Here is another example of Adler's insights - he was an early feminist!

*“All our institutions, our traditional attitudes, our laws, our morals, our customs, bear witness to the fact that they are determined and maintained by privileged males for the glory of male domination”*

-- Understanding Human Nature 1927/1992, p.106

Ouch!!

More on Adler next time.

## WEB SITE



[www.nmellor.com](http://www.nmellor.com)

This web site is updated on a regular, but infrequent, basis. The web site also lists publications available. Please contact me if you find any of them impossible to obtain.

I will include the previous Newsletter on the web site eventually.

## RESEARCH IDEAS

Interest in attention seeking is growing and colleagues have asked about research topics. There are many. Here is one (I'll list more next time):

What approaches help to change attention seeking behaviour in class, by directly working with the children (as opposed to helping the teachers or parents manage attention seeking?) e.g.:

- Try to encourage insight by reading stories such as Anne or Alan's story (see p.127 of “Attention Seeking”)
- Use social stories ( see p.138 of “Attention Seeking”)
- Provide opportunities for the child to be the centre of attention “legitimately” e.g. by organized “show and tell” sessions or in circle time
- Arrange pair work to give each other attention
- Talk to pupil about “good ways to get teacher to notice me”
- Teach: “learning to share”: materials, friends, teacher
- Use timers to “ration” your time given to the pupil

**LET ME KNOW WHAT WORKS BEST**

## TOPICAL TOPIC

There may be many “styles” of attention seeking. I have listed some below.

Please note: I apologize for total stereotypes. Also both males and females can fit all these roles - I am trying not to be sexist.

The descriptions are not meant to be negative about the pupils. Particularly, once their “problems” are overcome, we can easily see their positive points more clearly.

There may be other styles or mixtures of these “styles” of seeking attention. A great deal of research is needed. These are not to be seen as fixed “labels” to denigrate the pupils, but to give some clues on how best to help.

We must see each pupil as unique, emphasise their positive qualities and work out the best way to help them.

We are mainly working on number 4 (the *irritating pain*)

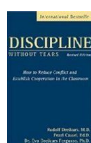
P.S. Apart from children, can you spot any adult colleagues who fit these styles?

### STYLES OF ATTENTION SEEKING

- 1 *Teacher's Pet* (gets attention in positive ways)
- 2 *The Ragged Waif* (neglected - simply needing more adult support)
- 3 *The Gang Member* (street wise, well socialised into his/her peer group - wants the attention of peers, not bothered about teacher attention)
- 4 *The Irritating Pain* (gets attention by being a nuisance in class/ at home)
- 5 *Mr Helpless* (gets attention by “I can't do it” )
- 6 *The Charmer* (gets adults to run round after him / her by charm / flashing her eyes etc.)
- 7 *Miss Insecure* (the “fashion model” - desperate to be noticed, desperately unsure of herself)
- 8 *Mr “I Am”* ( the self-centred, egotistical, centre of the universe - feels they deserve to be worshipped)

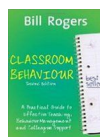
## MORE BOOKS

Two more books which cover attention seeking:



Discipline without tears (revised):  
Dreikurs, Cassel & Ferguson (Wiley)

Classroom Behaviour (2nd edn): Bill Rogers (Paul Chapman)



## ATTENTION SEEKING ADULTS

Although we focus on children it is fascinating to see attention seeking in adults

Feldman and Ford (1994) have collected extensive case histories on Munchausen's syndrome and other so-called “factitious disorders” where attention seeking is often a key element in the condition. They recount, for instance, the history of a 38 year old woman called Abby (page 11). Note the beginnings of attention seeking in childhood. I have outlined these in red - another potential research topic!

“ Abby travelled from town to town faking cancer and other equally dramatic illnesses... *her practice of playing sick had actually begun when she was in elementary school.* The eldest of three children, this woman adored her father ... who showered affection on her younger twin brothers but totally shut her out... *Abby began playing sick to stay home as a way of getting extra attention from her authoritarian mother ... and her father, who remained cold and distant.*

*Abby began faking leukaemia, then moved from parish to parish seeking support, at one point claiming to be a victim of AIDS. She claimed to have had an affair with a priest and that she had been raped. She claimed her fiancé had been killed in Vietnam and that her brother had died in a car accident which in turn led to her mother's suicide.*

*She eventually returned home to live with her mum.* ”

## BUT BACK TO CHILDREN...

The early years are particularly important for the development of attention seeking. A key point is often the birth of a sibling. The late Rudolf Dreikurs (a colleague of Adler) and colleagues in North America/Canada make up some of the few groups who have discussed attention seeking

*The first child... may become discouraged upon the birth of the second child... He had been an only child for a period and has therefore been the center of interest. He may believe that he has to be first... As a dethroned child with the birth of the second child, he may feel unloved and neglected. At first he usually strives... to regain his mother's attention by positive deeds. When this fails he ... may become obnoxious*  
-- Dreikurs et al. 1971, p.47

The following case study extract is taken from Martin Herbert's (1981) “Behavioural Treatment of Problem Children”. It is worth reading the whole study. It is one of the very few in print, outside of Adlerian writers, that explicitly tackles attention seeking. It shows up the fiendish difficulties of the topic. Please note that the comments in red italics are not intended as criticisms of Herbert and his team.

CONTINUES...

## CASE STUDY: TOMMY, AGE 4.

Tommy was difficult from early in life, something not helped by the fact that his mother was ill both with urinary infection and post-natal depression. Her capacity for coping with a new baby was understandably diminished. This was not made easier when Tommy proved to have a volatile temperament. He suffered from colic and his frequent and prolonged screaming drove his mother to distraction... [ *note the background for attention seeking cycles to develop* ]. By the time we saw Tommy (aged four) at the CTRU (unit) his problems consisted of: severe negativism, temper tantrums, and attention-seeking behaviours; what made them serious enough to merit treatment was their frequency, intensity, persistence, and pervasiveness.

In the words of his mother (Mrs M):

“ By the time his sister Claire was born, Tommy had got used to being the king-pin in the family [ *a classic start for attention seeking* ].

He liked all the attention that illness brought him [ *more common than you'd think!* ], enjoyed the privileges of being an only child, and he was beginning to learn the art of getting his own way.... He was intensely jealous of the new baby [ *often a trigger* ].

Feeding times with Claire were a nightmare with Tommy taking advantage of my immobility to throw tantrums, be disobedient, and to be aggressive towards myself and Claire .... [ he ] threw, with tremendous force, a metal dinky car at Claire and me while I was feeding her... What little control I had left finally snapped. Perhaps I had been too patient, too tolerant of his jealousy, I don't know. I screamed at him but was so violently angry myself that I didn't dare go near him. I thought I would kill him.

As time went by Tommy developed into a despot. He developed a general aggression, a degree of wilfulness, and various other unacceptable behaviours. He whined, clung like a limpet, was insecure and anxious, and worst of all for me, was incessantly disobedient .. the situation deteriorated rapidly, compounded by an increasing tiredness on my part [ *attachment problems causing attention seeking or vice versa or both in parallel? - see "Attention Seeking" chapter 11* ]. This gradually deepened into general depression for which my doctor prescribed drugs. They didn't help, in fact feeling slightly drunk and rudderless made coping even more difficult. I was tearful, tense, often unreasonably angry, erratic and emotional, and then silent and withdrawn in turns [ *when working with parents we are walking on egg shells* ]. The tension in the house was painful. Tommy wouldn't go out without tears... We were trapped in a vicious circle.

Finally, after yet another winter of ill-health, Tommy added another cruel refinement with which to torture himself and me. He had learned to 'play' sick brilliantly and, of course, I couldn't see it all... I was really desperate. It was an effort to go out, even to the shops, I looked awful, felt awful. Sometimes the

*loathing I felt for Tommy spilled over and I would find myself wanting to tell him "Go away out of my life, I hate you. You've ruined my life"... I have never been so close to a total breakdown.* ”

For the two therapists at the CTRU who worked with the family, watching Tommy at home was an object lesson in the coercive use of intense and more subtly disruptive behaviours to monopolise the limelight or to hold his mother's undivided attention. She, for her part, was tentative and highly sensitised to every nuance of his behaviour repertoire. The father appeared equally unsure of himself.

Tommy gave the appearance of being an unhappy child. He rarely smiled. This situation seemed unlikely to improve if he exhibited the target problems at school (which he was soon to attend) or in peer-group situations.

Tommy had learned that certain anti-social behaviours were guaranteed to gain attention from his parents... His sister was beginning to imitate some of his behaviours. As his parents saw things, they had endeavoured to provide 'the best' for Tommy and yet they were faced with a situation in which they no longer enjoyed their child. They increasingly quarrelled over how to deal with the situation [ *our approach in "the Good the Bad and the Irritating" specifically addresses team work* ]. These considerations, among others, contributed to the decision that an intervention was required.

Much of Tommy's behaviour represented an insatiable search for attention. He was certainly receiving a large amount, but much of it took a negative form [ *parents are often confused when we talk about praise and encouragement or "positive attention" and say that the child is already getting lots of attention!* ]. It was precisely because of the endless round of disputations between parent and child that Tommy was precluded from many of the usual range of symbolic rewards or social reinforces which belong to happy and meaningful family communications...

The parents' child-rearing philosophy was such that they wanted to treat Tommy as an individual in his own right. They were determined not to be intrusive or dominating [ *as liberal minded parents we want to be "nice" - then end up losing the kids* ]. Therefore they tended to give commands to Tommy as if he had a choice, although in reality there was often no choice - in the sense that he only knew how to act in one way - in an immature manner... For example, mother would say "Tommy, would you mind clearing your toys up as I want to Hoover now?", or "Darling, won't you stop doing that?"

CONTINUES...

Tommy's mother now takes up the 'story' of the intervention:

“ *First of all there was a feeling of relief.... But I recognised I would have to face up to the truth if I went ahead with a management programme. It was quite a struggle at times and my pride took quite a battering [ note the eggshells ].* ”

There were problems in initiating the programme as Tommy's mother says :

“ *At the beginning of Dr H's intervention, however, I was unable to co-operate effectively. I was desperately unhappy and depressed with no clear understanding of how I came to be so ... shyness had developed into a real fear of going out and talking to people.... My home had become a prison. Because of these feelings Dr H decided to work on two levels : with the family on Tommy's management programme and with myself... my bored frustration [and] a total lack of social and personal confidence with its resulting social isolation for the children as well as myself; the accumulating and destructively suppressed anger, guilt, and tension from failing to cope with Tommy...*

*[ In this situation as practitioners we are unlikely to have the luxury of many sessions to work with families- we tend to encourage parents to get out of the house, get a part time job, go to a dance class... anything to stop going stir-crazy ]*

*The next step was not easy... I discovered casual conversations with local mothers, in the park or at the shops, soon unearthed common interest...*

*Throughout this period, during which there were regularly held discussions about my own situation and problems, we also worked with Mrs R (another therapist) on Tommy's problems. Six main target behaviours were decided upon and there followed a week or so of careful charting to establish a baseline.* ”

*In "The Good the Bad and the Irritating", the approach is time-limited. The article from 2004 about "T.I.P.S" shows usually 2 or 3 parent interviews at most. In Tommy's case there seems to have been two therapists working intensively for 12 weeks. Later Herbert's team have to deal with deterioration and involving father - this is built in to our programme.*

*We also do not adopt a traditional behavioural approach with baselines, target behaviours, etc.*

And the finale for Tommy? **Next time!**

Case studies (of any length) from the chalk-face are welcomed

## CONTACT DETAILS, etc.

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Nigel Mellor, 2008.