

Wallis, C. (1994, July 18). Life in Overdrive. Time, 144(3), 42ff.

OVERVIEW

Until the early 1980s, no one had ever heard of attention deficit hyperactivity disorder. Yet, today it is the most common behavioral disorder in American children.

Studies have shown that up to 3.5 million American children (or 5% of those under 18) are afflicted with ADHD. The majority of these children continue to show symptoms through puberty and adulthood. There are several symptoms: extreme distractibility, reckless impulsiveness, and difficulty in sitting still.

Awareness of ADHD has grown as the number of diagnoses has grown over the past ten years. Advocacy groups and support networks such as CHADD (Children and Adults with Attention Deficit Disorder) have worked tirelessly to help people see their disability in a more positive light. Children and adults with ADHD are now seen as more spontaneous, creative, and adaptive to their environments.

It is known that children with ADHD are at higher risk of not only failing in school, but also becoming drug abusers, alcoholics, and lawbreakers.

Diagnosis and intervention is of utmost importance. Extensive psychological testing, comprehensive interviews, and genetic history all play a role in determining if a child has ADHD. Boys are twice as likely to be diagnosed than girls. Girls are generally overlooked because they display behavior problems to a lesser degree. Although adolescents and adults with ADHD have learned to compensate for their impulsiveness and disorganization, they can be diagnosed in much the same way as children.

Many experts fear that ADHD is being over-diagnosed, that the disorder is a simple explanation for the complex problems that are present in society. The distinction comes when what is perceived to be normal personality characteristics become traits so extreme that they interfere with people's lives. Wallis notes:

...many if not all adults have trouble at times sticking with boring tasks, setting priorities, and keeping their minds on what they are doing. The furious pace of society, the strain of families, the lack of community support can make anyone feel beset by ADD.

And that is the conundrum. How do you draw the line between a spontaneous, high-energy person who is feeling overwhelmed by the details of life and someone afflicted with a neurological disorder? Where is the boundary between personality and pathology?

The risks faced by those with ADHD are enormous. Children often have few friends, and their parents are often blamed for failing to control their children. They are frequently reprimanded and labeled at school; about one-third of students fail to graduate from high school. Because of their impulsiveness, these children are more prone to accidents and physical injury.

Psychologically, the risks are greater. By ages 5-7, half to two-thirds are termed, "hostile and defiant." By ages 10-12, they may develop a "conduct disorder," which includes behaviors such as lying, stealing, running away from home, and breaking the law. As adults, 25-30% will

experience substance abuse problems or trouble maintaining a job. One study found that 40% of hyperactive boys who had been treated with stimulant medication had been arrested at least once by age 18.

Treatments available today can prevent these dismal outcomes. Stimulant drugs are the best-known therapy to this point. Ritalin, which helps to enhance concentration, is the most widely prescribed drug. Drug therapy used in conjunction with behavior modification and other cognitive therapies increase the likelihood of success for those who have this disorder.

Accommodations in the learning environment can aid ADHD students. Predictable schedules, use of date books, seating charts, and positive reinforcement all are vitally important for educational success. These accommodations are simple, practical, and they work well.

For Wallis, the degree to which ADHD is a handicap depends not only on the severity of personality traits, but also on one's environment. In a society and in schools where conformity and inflexibility is the rule, it is difficult to realize that not all children learn the same way, and not all adults are suited for the same type of work.

QUESTIONS FOR REFLECTION AND DISCUSSION

1. Is the American public too quick to embrace ADHD as an excuse for failure in school or on the job? Do you believe it to be a real neurological disorder? Why or why not?
2. Have you ever been "labeled"? How were you labeled? How did that labeling affect you?
3. Do you know anyone who has been diagnosed with ADHD? Describe one or two experiences with that person.
4. How can those who work with youth become more aware of those who may be afflicted with this disorder in their groups? What are some things youth workers need to keep in mind when planning programs for their groups?

IMPLICATIONS

1. ADHD is a common behavioral disorder with a broad collection of symptoms. Those who work with children and youth need to be educated on the characteristics and accommodate those with the disorder.
2. Labeling ADHD patients as "stupid" or "bratty" is detrimental to the person's well-being. More positive learning experiences should be presented to those with the disorder to allow for their success.
3. Parents, teachers, church leaders, and special needs advocates need to work together to better understand this disorder. We need to educate the American public and become more effective in providing the right kinds of services for those with ADHD.

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